



Highlands Care Home Order Form

Please email this form to ontex.nhshighland@nhs.net

or

fax this form to Ontex Healthcare on 01536 400134

Please return this form 7 days before delivery is due.

Name of Residential/ Care Home:-

Resident names	Products required			Comments
	Yes	No	Reason, if not required i.e. RIP, moved	

I declare that the information I have given on this form is correct and accurate. I understand that if I knowingly provide false information, this may result in action being taken against me or the organisation and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Counter Fraud and Security Management Service for the purpose of verification, prevention, detection and prosecution offraud.

Name.....

Signed.....

Date.....

Position.....