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** |
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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 of fraud.

# Name…………………………………..

Signed…………………………………. Date………………………..

# Position……………………………….