

Specialist Dressings Request Form

We have devised this form to improve the management and processing of specialist product orders for you and your patients. It aims to reduce our phone contact time and will provide us with evidence of requests. All items ordered should be on the advice of a TVN and **not for stock holding**. The dressing regime should be constantly reviewed to ensure effectiveness.

Please do not request products by telephone or send this form to individual named nurses as your request will not be processed. **All** information*, including contact number, must be included – thank you.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Complete all sections below. 2. Use a separate section for each new patient. 3. E-mail to tissueviability@berkshire.nhs.uk | <ol style="list-style-type: none"> 4. The TV dept. will contact you to resolve any queries with the order. 5. Your order will be placed, and you will be advised of the order number. |
|--|---|

Delivery Point including Post Code (e.g. DN Base or PN Surgery)			CCG
Requested By / Contact Number			Date
Patient Name + DOB or NHS No.*	Rationale (e.g. wound type, size and status)	Product Code or Product Name + Size	Quantity (No. of Boxes) <small>Max. 30 days supply or 14 days for silver dressings</small>

*Personally identifiable information should only be sent from e-mail addresses ending with “@berkshire.nhs.uk” or “@nhs.net” or if you **know** you have secure e-mail. A list of accredited secure e-mail organisations can be found on the NHS Digital website (search for “secure email standard”). Otherwise please only provide first and last initials.