PATIENT REFERRAL SYSTEM

Part 1 - Clinician Details

Name:
Occupation:
Hospital/practioner/company:
Address:
Postcode:
Email:
Telephone:

Note to clinicians:

To refer a patient to buy products direct from A. Algeo Ltd, please complete Parts 1 & 2, before passing to patient.

Part 2 - Order Details

To be completed by clinician

Code	Product Name	Size	Quantity	Price	Total
				Please add 17.5% VAT	
				Add Postage for UK & Ireland	£2.95
				Total	

Part 3 - Patient/Client Details

To be completed by client / patient or clinician

Name:
Address:
Postcode:
Email:
Telephone:

Payment - credit card, cheque or postal order

Cheque or postal order for £ _ _ _ _ _ _

Credit or Debit Card (please tick)

VISA ☐ MasterCard ☐ Maestro ☐

Start Date: Expiry date: Issue number: Security no:

All cheques payable to A. Algeo Ltd

Fax or post the completed form to:

A. Algeo Ltd,
Sheridan House,
Bridge Industrial Estate,
Speke Hall Road,
Liverpool, L24 9HB

Fax: 0151 448 1228
Tel: 0151 448 1008