

**Braemar Hospital Stationery Order Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Practice/Surgeon Name & Phone**  | **When do you need it by?** | **Requested by** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Item** | **Quantity** |
| Endoscopy Admission Form (max 200) |  |
| ERCP/EUS Admission Form (max 200) |  |
| Pre-Admission Forms (Yellow) (max 200) |  |
| Pre-Operative Clinic Information (Green – Consent) (max 200) |  |
| Anaesthetic booklet (max 200) |  |
| Patient Information booklet (max 200) |  |
| Patient Admission Pack folder (max 200) |  |
| **Information sheets** |  |
| Endoscopic Ultrasound (EUS) |  |
| Screening Colonoscopy |  |
| Pillcam |  |
| Breath Testing |  |
| ERCP |  |
| Gastroscopy |  |
| **Leaflets** |  |
| Wireless Capsule Endoscopy (max 100) |  |
| Early Detection of Prostate cancer (max 100) |  |
| Guide to Understanding Colonoscopy (max 100) |  |
| Shoulder Surgery (max 100) |  |

Please indicate your preference ✓

|  |  |
| --- | --- |
| Please deliver my order |  |
| I will collect my order from reception |  |

**Please note \*Rooms Liaison will drop order off**

**Email order to reception1@braemarhospital.co.nz**