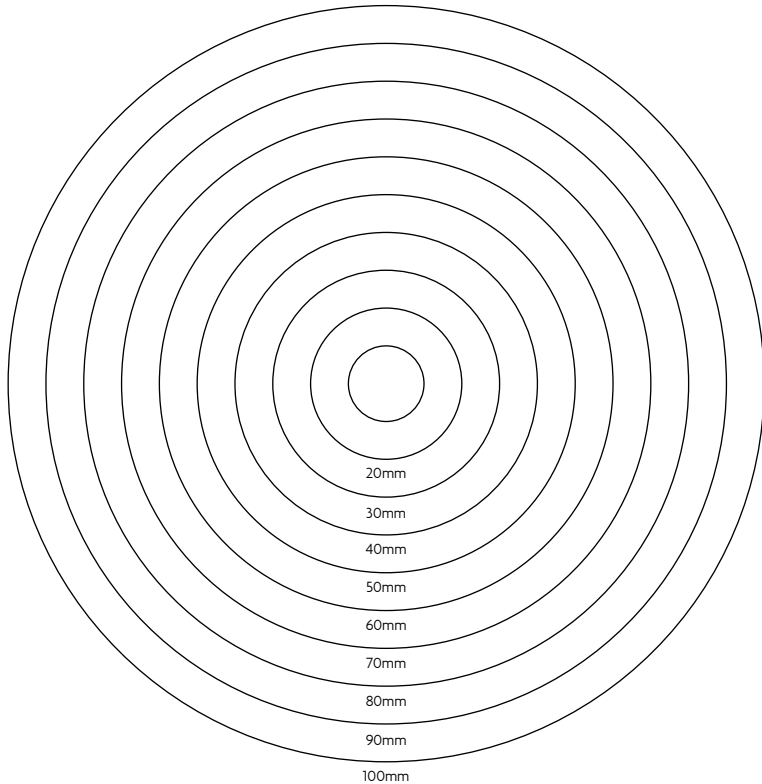


TOP

LEFT

RIGHT



BOTTOM

Customer care: 0161 320 9400

Registration Form



Title Mr/Mrs/Miss/Other: _____ Date: _____

Surname: _____ Forename: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Date of Birth: _____

My Nurse Specialist is: _____

If out please ***leave/do not** leave my parcel

(* delete as applicable)

Would you like us to include complimentary wipes with your order?

Yes: No:

Would you like us to include complimentary disposal bags with your order

Yes: No:

Do you intend using our personalised cutting service?

Yes: No:

If **yes**, please send us your completed template

If **no**, would you like a complimentary pair of curved scissors?

Yes: No:

Would you like us to send you a complimentary toilet bag with your first order?

Yes: No:

Thank you for registering with Moorland Surgical Supplies