

Dental Stationery Order Form - (DB100)

DS NUMBER: _____ DATE _____

NAME (PRINT): _____

SIGNATURE: _____

ADDRESS: _____

POSTCODE: _____ TEL NO: _____

Description	Unit of Issue	Order Qty	Catalogue Number
DB100 REQUISITION CARD	PKT / 25	<input type="text"/>	WPH000227
DB107 GINGIVAL & PERIODONTAL	PKT / 100	<input type="text"/>	WPH000228
DB114(A) ORTHODONTIC DIAGNOSIS	PKT / 100	<input type="text"/>	WPH000229
FORM DIS 1	PKT / 100	<input type="text"/>	WPH000230
HC1 FORMS	EACH	<input type="text"/>	WRU000020
HS45 WITH DENTIST DETAILS PRINTED (CODED)	PKT / 1000	<input type="text"/>	WPH000398
HS45 BLANK NO DENTIST DETAILS	PKT / 1000	<input type="text"/>	WPH000397
HS45A COMPUTERISED (NO CODES)	PKT / 1000	<input type="text"/>	WPH000616
HS45 PR FORM	PKT / 1000	<input type="text"/>	WPH000399
HS45B RECEIPT BOOKS	PAD / 100	<input type="text"/>	WPH000192
HS45D ORTH. INTERIM PAYMENT	PKT / 100	<input type="text"/>	WPH000038
HS45DC FORM TREATMENT PLAN & EST.	PKT / 500	<input type="text"/>	WPH000694
HS49 RECORD CARD	PKT / 500	<input type="text"/>	WPH000039
HS49E RECORD ENVELOPE	PKT / 500	<input type="text"/>	WPH000496
RA1 REPLACEMENT APPLIANCE	PKT / 100	<input type="text"/>	WPH000231
RETURN ENVELOPE	PKT / 250	<input type="text"/>	WPH000021
WITHDRAWAL FROM CONTRACT	PKT / 100	<input type="text"/>	WPH000232

AFFIX
STAMP

THE CHIEF EXECUTIVE
BUSINESS SERVICES ORGANISATION
PROCUREMENT & LOGISTICS SERVICE
77 BOUCHER CRESCENT
BELFAST
BT12 6HU