

Patient Information Leaflets

B.A.D Order Form



Surname: _____ Initials: _____ Title: _____

Address: _____

Post Code: _____ Tel (work): _____

Status: Dermatologist Non-Dermatologist Email: _____

Patient Advice Leaflets	Quantity	Price (£)	Number of Packs	Amount Payable
Mixed Pack	280	9.95		
Acne	260	9.95		
Atopic Eczema	260	9.95		
Contact Dermatitis	260	9.95		
Psoriasis ó an Overview	260	9.95		
Moderate & Severe Psoriasis	260	9.95		
Topical Treatment for Psoriasis	260	9.95		
Strawberry Marks & Port Wine Stains	260	9.95		
Urticaria & Angioedema	260	9.95		
Ichthyosis	260	9.95		

Total Amount enclosed £ _____

Orders will only be processed once the order and payment have been received. Please write a cheque for the total amount made payable to the B.A.D and send this together with the form to:
B.A.D House, 4 Fitzroy Square, London W1T 5HQ