



**To order phone 01454 852 032**

Or send this Order Form to;  
Yew Porch, Box, Stroud, Gloucs GL6 9HR

Please send these products to:

Mr/Mrs/Miss .....

Address .....

.....Tel. ....

QTY	PRODUCT CODE	DESCRIPTION	SIZE	PRICE EACH	TOTAL GOODS
			TOTAL	DUE	

I enclose my cheque for £ ..... Made payable to MUZZELL HEALTHCARE

## VAT Disclaimer

Please sign the VAT Disclaimer below if either:

1. These product are going to be worn by you because you suffer from incontinence; or
2. You are using funds belonging to the person who is going to use the product.

I declare that I am chronically sick or disabled and that I am receiving from:

**MUZZELL HEALTHCARE, Yew Porch, Box, Stroud, Gloucs GL6 9HR**

the above goods which are being supplied to me for my personal use:

**Incontinence Products** and I claim that the supply of these goods is eligible for relief from Value Added Tax under Group 14 of the Schedule 5 to the Value Added Act 1983

..... Print Full Name

Signed ..... Date .....