**BOC HOOF help guide**

**1. Patient Details**
- NHS Number
- Title
- Surname
- First Name
- Date of Birth (DOB)
- Gender
- Postcode
- Permanent Address
- Tel no.
- Mobile no.
- Career Details (if applicable)
- Name
- Tel no.

**2. Clinical Details**
- Clinical Code
- Main Practice Name
- Practice Address
- Postcode
- Telephone no.

**3. Patient's Registered GP Information**
- Hospital or Clinic Name
- Address
- Tel no.
- Discharge Date

**4. Ward Details (If applicable)**
- Hospital or Clinic Name
- Address
- Tel no.

**5. Order**
- Date
- Order No.
- Equipment
- Consumables

**6. Equipment**
- Nasal Cannula
- Mask

**7. Consumables**
- Mask
- Humidification

**8. Transportable Concentrator**
- Location
- Prescribed for

**9. Portable Concentrator**
- Setting
- Prescribed for

**10. Additional Equipment**
- Tracheostomy

**11. Delivery Details**
- Address
- Postcode
- Name

**12. Contact Details**
- NHS Number
- Email Address
- Fax number

**13. Declaration**
- Name
- Profession
- Date

**All prescriptions superseded the last so please ensure all details are added**

*Please provide the address of which you require the delivery to be made and a valid contact number*

*There must be GP information to ensure an account is aligned to the correct CCG*

*A Transportable concentrator is an ambulatory piece of equipment and should only be prescribed for up to 10hpd. A portable concentrator must be prescribed on a setting not LPM. The patient should be assessed on this piece of equipment*

*There must be a name and signature of a qualified clinician*

*A next day request should be used for hospital discharges. A 4 hour request should only be used in an emergency situation. A fax number or NHS email address ensures you will receive a confirmation that your order is being processed*

**For Paediatrics with a varied flow a start flow MUST be stated in section 14**