



REQUEST FOR CLINICAL WASTE COLLECTION

Patient's name.....

Address

.....

Telephone number

Doctor's name and address

.....

SignatureDoctor or practice nurse

Type of waste to be collected: (if more than one applies, please tick all relevant boxes)

Sharps

**Infectious dressings or bodily fluids
(Including stoma bags)**

**Non infectious dressings or bodily fluids
(Including stoma bags)**

Cytostatic/cytotoxic waste

Other medicines

We cannot commence home collections until we receive this form. Incorrect information may lead to a delay in collections. Please complete and fax to **01622 687580** or scan to elizabethhazell@maidstone.gov.uk. Once this has been received we will contact the resident to arrange collections.

Elizabeth Hazell – 01622 602500