

NSW HEN Patient Registration/Script Form

Form must be completed by Hospital Healthcare Professional.

Please fill out the following fields to register.

Please tick: ☐ New registration ☐ Renewal/Change of Script

Patient Details

Full Name:	DOB:
Address:	
Suburb:	Postcode:
Email:	Contact Phone:
Patient number:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Specified	
Delivery address if different from above:	
Patient contact person (if not themselves):	
Known Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please provide details:	

Healthcare Professional Details

Full Name:
Hospital/Facility:
Position:
Email:
Contact Phone:

Script

Script start date:

Script end date:

Code	Product	Weekly Pouch Requirements	4 Weekly
WB1030	Berry Smoothie		
WB1050	Vegetable Medley		
WB1060	Fragrant Chicken		
WB1070	Cherry Cacao		
WB1090	Pumpkin Spice		
WB1100	Super Greens		

Delivery Frequency: ☐ Once Off Order
☐ Recurring Order: ☐ 4 Weekly ☐ 8 Weekly

Special Delivery Instructions:

Delivery Fee: ☐ \$20 Flat Metro Rate ☐ \$30 Flat Regional Rate

Client to pay HEN Price: ☐ \$10.25 ☐ No

Client to pay co-payment of \$. Per Pouch

To register the script:

Please e-mail completed form to HEN@blendedbysarah.au

Payment Terms:

- Orders for HEN must be made via our HEN@blendedbysarah.au email address.
- HEN families will be issued an invoice through Blended by Sarah with a link to direct payment details.
- Orders will only be issued once payment has been received through our invoicing and payment system.

Please view the Blended by Sarah Privacy Policy to review how we collect, store and share private information. For any enquiries, please email HEN@blendedbysarah.au