**Order Form | Patient Information Leaflets**

This form is dated December 2022 and replaces all previous versions

Please return your completed order form to:
**Guts UK Charity, 3 St Andrews Place, London, NW1 4LB**
or **info@gutscharity.org.uk**Please allow 28 days for delivery
Guts UK is registered charity 1137029

|  |  |
| --- | --- |
| **Leaflet** | **Quantity** |
| Barrett’s Oesophagus |  |
| Bowel Cancer |  |
| Coeliac Disease |  |
| Constipation |  |
| Crohn's Disease |  |
| Diarrhoea |  |
| Diverticular Disease |  |
| Gut Microbiome (Poo Testing) |  |
| Healthy Eating & the Digestive System |  |
| Heartburn & Reflux |  |
| Helicobacter pylori |  |
| Indigestion |  |
| Irritable Bowel Syndrome (IBS) |  |
| Pancreatic Exocrine Insufficiency (PEI) |  |
| Polyps in the Bowel |  |
| The Role of Gut Bacteria in Health & Disease |  |
| Ulcerative Colitis |  |
|  |
| **Note:** The minimum order is 100 leaflets. This can be an order of 100 of one leaflet or various leaflets totalling 100. Please note we do not apply VAT to our orders.  |
|  |
| **Leaflet Price** | **NHS organisations** | **Private organisations** |
| First set of 50 leaflets | £15 | £20 |
| Each additional set of 50 leaflets | £10 | £15 |
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| **Delivery Charge** |
| Delivery to UK mainland (up to 500 leaflets) | £15 |
| Delivery to UK mainland (501-1000 leaflets) | £25 |
| Delivery to Northern Ireland and the Channel Islands | £25 |
| Delivery of over 1,000 leaflets | Please call 020 7486 0341 |
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|  |  |
| **Your Order** |
| Leaflets price | £ |
| Delivery charge | £ |
| **Total**  | **£** |
| **Date of order** |  |
| **Purchase order reference** |  |
|  |
| **Delivery** |
| Contact name |  |
| Department |  |
| Address |  |
| Postcode  |  |
| Phone number |  |
| Email |  |
|  |
| **Payment** |
| **Please select one option**  | **1**, **2**, **3** or **4** (Delete as appropriate) |
|  |
| 1 | I enclose a cheque for the full amount made payable to ‘Guts UK Charity’. |
|  |  |
| 2 | I include a BACS transfer remittance advice.Please pay Guts UK Charity: A/C 31941478, S/C 60-40-02, NatWest Bank. |
| BACS reference |  |
|  |  |
| 3 | I wish to pay by credit card. Please call me to arrange this. |
| Phone number |  |
|  |   |
| 4  | I wish to be invoiced. Please send an invoice to the address below (if different from delivery). |
| Contact name |  |
| Department |  |
| Address |  |
| Postcode  |  |
| Phone number |  |
| Email |  |
|  |
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**“I came across Guts UK’s information by pure coincidence, and the patient information was the clearest, most concise and most informative I’d come across. It covers so much and really gives you the whole picture.”**

Patient feedback