

SPECIALS ORDER FORM

*Date			
*Pharmacy Name			
*Account Code			
*Address			
*Postcode			
*Telephone		*Fax	
*Email			
*Your Order Ref/Patient Name			
Prescriber's Name		Prescriber's Postcode	
Surgery Name			

****Information must be supplied***

Please use a separate order form per prescription item and transcribe details exactly as prescribed to allow us to offer the most appropriate advice

Quantity	Product Formula/Description <i>Please transcribe details exactly as prescribed</i>	Dosage Instructions

Special Instructions:

We will confirm all orders by your preferred method. Please tick: Email Telephone Fax

For Controlled Drugs please complete the information below:

Ordered by:

(Print name)

Signature

Registration No.

When ordering this item please ensure that the prescriber is aware that an unlicensed medicinal product is being supplied and that they are reminded of their obligations in this regard.

All unlicensed medicinal products are ordered in response to a bona fide unsolicited order; formulated in accordance with the specification of a person who is a doctor, dentist, nurse independent prescriber, pharmacists independent prescriber, supplementary prescriber, or veterinary practitioner; for use by an individual patient for whose treatment that person is directly responsible in order to fulfil the special clinical needs of that patient.

Note: All orders for the sale of goods by The Specials Laboratory are strictly subject to our standard terms and conditions of sale, available upon request or at www.specialslab.co.uk. By placing your order, you acknowledge and agree to be bound by these terms and conditions.

Do you require more order forms? (please tick)