

4.1.2 PHARMACEUTICALS (POM's) REQUEST FORM

The information in this form must be provided to process your order

Full name of ordering representative:	
GP Practice / Health Centre / Pharmacy full address:	
Full Name of Requesting Doctor:	
GMC / MHRA Number:	
Doctor's Signature:	
Details of order: Quantity / Strength:	

Once filled in the details above, please return the form either by post or by emailing us a scanned copy of the request form. Thank you very much for your cooperation.

***Please note you must satisfy yourself that your Reception will sign and accept the delivery.**

Company No: 8442283 / UK Vat registration No: 244411240 / MHRA No: 48494 (WDA-H) / Duns Number: 219307310

The information contained in this letter is confidential. It may also be legally privileged. It is intended only for the stated addressee and access to it by any other person is unauthorised. If you are not an addressee, you must not disclose, copy, circulate or in another way