



## **SPECIALS / SPECIAL OBTAINS (ULM) ORDER FORM**

PHARMACY NAME	A/C NUMBER	ADDRESS

CONTACT PERSON		CONTACT TEL NO.	
DOCTOR'S Name:		PATIENT'S Name:	
REQUESTED BY:		POSITION (EG PHARMACIST):	
SIGNATURE:		DATE:	

### **ORDER INFORMATION**

FOR PRODUCTS CONTAINING A SCHEDULE 2 OR 3 CONTROLLED DRUG, THE PHARMACIST MUST SIGN THE ORDER AND INCLUDE THEIR GPhC REGISTRATION NUMBER.

If a wrong item is delivered to the pharmacy it will be collected within 2 working days. Goods must not be destroyed by the Pharmacist.

PRODUCT DESCRIPTION (STRENGTH, DOSAGE FORM & ANY OTHER DETAILS REQUIRED) <i>(PLEASE PRINT IN BLOCK CAPITALS)</i>	QTY

*Declaration by Pharmacist:* I accept that the above order is subject of Gowrie Ltd standard term and condition of sale. I confirm that the above product has been prescribed by a UK registered Doctor/Dentist for their patient and that the Doctor/Dentist is aware that the product is unlicensed / specials in uk.

Confirmed By		Processed By	
Delivery Confirmed By		Double Checked By	

Tick Here if you require more ORDER FORMS

**FAX ORDERS ONLY TO: 0808 178 1913 / 0870 124 0670**

### **THAME LABORATORIES**

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