



PLEASE FAX COMPLETED FORMS TO
01253 881291

NON-STOCKED ORDER FORM

Please complete this NON-STOCKED ORDER FORM, all details should be given and the form signed by an authorised person before we can process your order.

Account Number: _____ Account Name: _____

Agency Order: Yes | No *(Please indicate clearly if you require sales or agency)*

Patient Name _____ Script Number: _____

Product Code (s) and Description (s) of items required.

Item 1				Office Use Only
Pack Size		Number of Packs		

Item 2				Office Use Only
Pack Size		Number of Packs		

Item 3				Office Use Only
Pack Size		Number of Packs		

Please sign below to confirm the information given above is correct and you accept the following:-

Items ordered on my behalf are non returnable and not subject to any price discount.

Split Packs are not available.

Delivery and/or Handling Charges may be applied to each item.

Delivery may take up to 28 working days. *(Updates are available from Customer Services on 01253 881290.)*

Signed _____ Print _____ Date _____