

# Fax Order Form

Freefax: **0800 043 9378** Freephone: **0800 043 9372**

## ACCOUNT DETAILS

Account Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Open Saturdays? Yes  No

ORDER DETAILS				
Order Details Pip/Product Code (If Known)	Product Description (Including Form, e.g. Suspension, Solution, Capsule)	Strength	Pack Size	Total Qty

**Additional Information** – Please specify date required, standing order details (if required) and any other relevant info such as any known allergies.

Please note, Quantum Pharmaceutical will only contact you via telephone should further information be required.

FOR QUANTUM USE ONLY			
ORDER PROCESSED BY			
MANUFACTURE DATE		ROOM/SLOT	
DELIVERY DATE			
EXPIRY		EXPIRY ONCE OPEN	
FRIDGE LINE			
NR/NR			

**CONFIRMATION METHOD:**  FAX  E-MAIL