SIGNED ORDER

FOR CLINIC USE ONLY

ORDER LINE

CLIENT ACCOUNT NUMBER: _____ ACCOUNT HOLDER NAME: _____

PRODUCT	PACK SIZE	QTY.

Notes:

When placing a signed order, it is the prescriber's full responsibility to ensure that the item(s) ordered are stored and administered safely according to the legislation provided by the Medicines Act and Prescription Only Medicines (Human Use) Order and MHRA guidelines.

I hereby agree to adhere to all Order Line Ltd (trading as Church Pharmacy) Terms and conditions available on the website and also agree to the rules set out by the regulatory bodies such as MHRA, and all other relevant regulatory bodies associated with my practice.

PRESCRIBER DETAILS

PRESCRIBER'S NAME: _____ **PRESCRIBER'S REG. NO:** _____

PRESCRIBER'S ADDRESS: _____

POSTCODE: _____ **PRESCRIBER'S MOBILE:** _____ **PRESCRIBER'S LANDLINE:** _____

PRESCRIBER'S PROFESSION: _____ **PRESCRIBER'S EMAIL:** _____

PRESCRIBER'S SIGNATURE: _____ **DATE:** _____/_____/_____

Note: Signed orders are classed as wholesale under the MHRA, please send your signed orders to the email shown below or use our website and DigitRx to process your signed order more efficiently.

Church Pharmacy is a trading name of Order Line Ltd, 1, Bleach Yard, Wards End, Loughborough, LE11 3HA.

Website: www.order-line.co.uk | **Email:** wso@order-line.co.uk
Tel: 01509 357 347 | **Fax:** 01509 357 247

ORDER LINE