

	Veriton Pharma Ltd		Customer Order Form	Issue Date	26 Sept 2017
	FOR 31.1	Issue No: 02		Effective from	02 Oct 2017

**Product Details:**

Please specify which product type you are ordering by ticking the box(s)	Unlicensed Medicines* <input type="checkbox"/>	Licensed Medicines <input type="checkbox"/>	Controlled Drug (narcotic) <input type="checkbox"/>
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**Account Details:**

<b>Please confirm if you have ordered from us before:</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ORGANISATION / COMPANY: .....			
Account Ref: .....	Branch No: .....		
Contact Tel No: .....	Fax No: .....		
Contact Name: .....	Order No: .....		

**Delivery Address:**

Delivery Address: .....	
Street/Road: .....	
Town: .....	County: .....
Post Code: .....	

**Item(s) Required:**

Product Code	Product name and Description Of Item (Including pack size and strength)	Quantity

\*Please be advised that by placing an order and signing below you declare it is unsolicited and the products are used to fulfil a special clinical need that cannot be met by a licensed medicinal product and for dispensing in accordance with a prescription for an individual patient under the prescriber's direct responsibility. The products supplied in response to the order are 'unlicensed medicines' as defined by the Human Medicines Regulations 2012 and are supplied according to the requirements described in the MHRA Guidance note 14.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Position: \_\_\_\_\_