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|---|---------------------------|----------------------------|----------------|-------------|
|  | VERITON PHARMA LTD | Customer Order Form | Issue Date | 20 Jan 2020 |
| | | | Effective From | 20 Jan 2020 |
| FOR 31.1 | Issue No: 03 | | Review Date | 20 Jan 2022 |
| | | | Page 1 of 1 | |

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"/> |
|--|--|---|---|

Account Details

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

Delivery Address

| | |
|-------------------|---------------|
| Delivery Address: | |
| Street/Road: | |
| Town: | County: |
| Post Code: | |

Items 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: _____