

Specials Request Form

Date:

Order Reference No:

Special Instructions

Pharmacy/Practice Name:

Address:

Post Code:

Telephone No:

Account No:

Ordered by (*print name*):

Signature:

Fax Completed Form to:

0121 622 3146

To speak to customer services phone:

0121 622 1625

Email:

orders@specialmeds.co.uk

Nature of Request (<i>please circle</i>)	Order	Quotation	Enquiry
Product Details			

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Product Details			

Nature of Request (<i>please circle</i>)	Order	Quotation	Enquiry
Product Details			

For Office Use Only

Delivery Date:

Supplier:

Order Date & Time:

MHRA WL No: 45238

Pharmaid Ltd T/A Specialmeds
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