

Medisource Ltd.
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Medisource unauthorised medicinal product Doctor/Dentist order form

Form 4: QSM. 4 Reviewed 090515

Name of Doctor / Dentist: _____

Business address: _____

Professional Registration Number: _____

Contact name and tel. no: _____

Fax no: _____

Purchase Order number / Reference: _____

	Description of product	Quantity
1.	_____	_____
2.	_____	_____
3.	_____	_____

Products not in stock are automatically placed on back order. Please place an 'x' in the box if you do not wish to accept this back order.

I accept the conditions of supply outlined on this form and I confirm that exempted unauthorised medicinal products sourced from Medisource will be handled and stored appropriately and will only be supplied by/or to the order of a registered medical practitioner/dentist to fulfill special needs for a patient under his/her care.

.....
Doctor/Dentist Signature

.....
Date

.....
Print name (use capital letters)

I agree to Medisource debiting €..... from my credit card
Type of card (Visa, Master or other, please state).....
Credit card Number
Security Number
Expiry date

Credit card billing address _____

Note: Returns of unlicensed medicines are not accepted under any circumstances.

There will be a carriage charge of €8.95 on all orders below €50.

This form must be completed in full, signed and faxed back to Medisource on +353-1-2866288

Note: By ordering an exempt medicinal product from Medisource, you have confirmed that there is no licensed pharmaceutical equivalent suitable on the Irish market.

Doctor / Dentist order form