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| --- | --- |
| **Customer Details****Internal Use Only:** **Order No.:****Order Date:** |  |
| Sigma Account Code:  |  |
| Pharmacy Name: | GPHC:  |
| Pharmacy Address:Post Code: |
| Contact Name: |
| Telephone Number: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Details\***(including strength, dosage form & any other requirements) | **Pack Size** | **Qty** | **Clinical Need\*\*** |
|  |  |  |  |
|  |  |  |  |
| **Ordered by** (Print name): Signature:Order Date: Pharmacist Registration No.: |

Note: \*\* Please ensure that the prescriber is aware that an unlicensed product is being supplied and that he/she is reminded of his/her obligations. A member of the Specials team will contact you if we require a proof of prescription for unlicensed medicinal product.

\* If the product is a controlled drug, the Pharmacist must sign the order and supply his/her registration number.

Most Specials lines ordered before 5pm are usually delivered the following day.

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|  **Order Line: 0800 597 4475 | Email: specials@sigmaplc.com | Fax: 0800 597 4473** |

All special items are strictly non-returnable and please be advised that Special Obtain orders may incur handling and delivery charges, please enquire. Specials opening hours: Mon – Fri 9am – 6.30pm. Closed Sat/Sun/Bank Holidays