

SAMPLE FORM

Named Patient 3 Months Supply Form

Please note:- this form covers your expected three months usage of unlicensed product, it does NOT constitute an official purchase order.

Individual Purchase Orders must be completed ON EACH OCCASION when the product is required.

*Once fully completed and signed forms may be emailed, posted or faxed to:
sales@syner-med.com*

*Syner-med (Pharmaceutical Products) Ltd
Syner-Med House, 120 High Street, Purley, Surrey, CR8 2AD
Tel: 0208 655 6380 - Fax: 0208 655 6398*

Date	Place of Treatment
Address	Tel
	Ext
	Fax
Town	Email
Postcode	
Originator	Position
Healthcare Professional	Registration Number
Please supply as per this request: For - <u>our next three months usage</u>	
From (date)	To (date)
Product	Quantity

Please detail the Special Needs for this product

We confirm that the names of the patients being treated by this unlicensed product are registered by the treatment centre.

First Name	
Last Name	
Signed	
	Position