

SPECIALISING IN SPECIALS

Unit 1 Barr's Fold Road Wingate's Industrial Estate
Westhoughton Bolton BL5 3XP

T: 0800 678 3102 F: 0800 678 3101
E: specials@eaststone.co.uk / www.eaststone.co.uk



SPECIALS ORDER FORM

DATE:	PHARMACY NAME:	A/C OR BRANCH No.
PHARMACY ADDRESS OR STAMP BELOW		
		CONTACT NUMBER:
		CONTACT NAME:

*All orders will be delivered the next working day, unless otherwise informed. We must be notified within 3 days of non-delivery, shortages, & damaged goods.
All items are sold on a non-returnable, non-refundable basis*

PRODUCT DESCRIPTION (Name, form, strength):	PACK SIZE ml, grams, etc	QTY No. of bottles/packs	SPECIAL INSTRUCTIONS: AM delivery/SAT delivery, strawberry flavour etc

PLEASE TICK TO CONFIRM THAT THE PRESCRIBER HAS BEEN MADE AWARE OF ANY SIMILAR OR EQUIVALENT LICENSED MEDICINES & THAT A CLINICAL NEED HAS BEEN ESTABLISHED FOR THE ABOVE PRODUCT(S). EVIDENCE OF A CLINICAL NEED HAS BEEN ATTACHED Y N

ORDERED BY THE PHARMACIST (print name): _____ SIGNATURE: _____

****OFFICE USE ONLY****

Order Reference Stamp:

Manufacturing Purposes only:

A/C No. & Contact No. 3rd Party Manufactured
 Post Code/Address DT NDT S/O
 Product Name/Form/Strength
 Pack Size/Quantity Order Confirmed With:
 Special Instructions Order Processed By (print):
 Clinical need verified & attached where necessary Date/Time:

BMR GENERATION	
PRODUCTION IN/VDU	
PRODUCTION OUT	
PRODUCT CODE	
BATCH NO.	ES
EXPIRY	