

**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**](mailto:specials@eaststone.co.uk) **/ www.eaststone.co.uk**

****

**DATE:**

**PHARMACY NAME:**

**A/C OR BRANCH No.**

**PHARMACY ADDRESS OR STAMP BELOW**

***All orders will be delivered within 1-2 working days 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***

**d**

**goods\***

;;;;;

./m,./m,.m

**CONTACT NUMBER:**

**CONTACT NAME:**

**SPECIALS ORDER FORM**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRODUCT DESCRIPTION** (Name, form, strength):

**Order Reference Stamp:**

**\*\*OFFICE USE ONLY\*\***

**Manufacturing Purposes only:**

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

**Account No. & Contact No.  3rd Party  Manufactured**

**Address & Post Code  DT  NDT  S/O**

**Product Name/Form/Strength**

**Pack Size/Quantity  Order Confirmed With: ………………………………………………………**

**Special Instructions  Order Processed By (print): ……………………………………………….**

**Clinical need verified &  Date / Time: ……………………………………………………………………….**

**attached where necessary**

**ES.SOP.097.F03.V01**