



# Fontus Health Emergency Supply Order Form

Please put pharmacy stamp in this box\*

Date:

Please fill in the form ensuring all mandatory fields ( marked \*) are completed and return via:

**Fax:** 0121 270 9670

**Email:** orders@fontushealth.com

Please note that we do not accept any returns unless there is a discrepancy with your order. In such an event please contact our Customer Service Team on 0121 661 4615 (Mon - Fri 9.30am - 4.30pm). Deliveries are only made Monday to Friday before 5pm.

## Wholesaler Information

Alliance Healthcare / Phoenix Healthcare (delete as appropriate)	Wholesaler Branch*
	Wholesaler Account Number *

## Pharmacy Details

Delivery Address (Including name and store number)*	Invoice Address (including company name if different from delivery address)*
Postcode*	Postcode*
Contact Name*:	Email address:
Authorising Signature*:	Contact Tel No*:
GPC Reg No*:	Order Number

Please supply as an emergency the following products as I am unable to get them from Alliance Healthcare or Phoenix Healthcare. Invoice me directly at current trade price less 11% discount unless the item is zero discounted. Please note that there is no carriage charge.

PIP Code	Description*	Pack Size*	Number of Packs Ordered*

