SIGNED ORDER

FOR CLINIC USE ONLY

REVOLVEMEDICARE

CLIENT ACCOUNT NUMBER: _____ ACCOUNT HOLDER NAME: _____

PRODUCT	PACK SIZE	QTY.

Notes:

Please add CQC registration of premises:

When placing a signed order, it is the prescriber's full responsibility to ensure that the item(s) ordered are stored and administered safely according to the legislation provided by the Medicines Act and Prescription Only Medicines (Human Use) Order and MHRA guidelines.

I hereby agree to adhere to all Revolve Medicare Terms and conditions available on the website and also agree to the rules set out by the regulatory bodies such as MHRA, and all other relevant regulatory bodies associated with my practice.

PRESCRIBER DETAILS

PRESCRIBER'S NAME: _____ **PRESCRIBER'S REG. NO:** _____

PRESCRIBER'S ADDRESS: _____

POSTCODE: _____ **PRESCRIBER'S MOBILE:** _____ **PRESCRIBER'S LANDLINE:** _____

PRESCRIBER'S PROFESSION: _____ **PRESCRIBER'S EMAIL:** _____

PRESCRIBER'S SIGNATURE: _____ **DATE:** _____/_____/_____

Note: Signed orders are classed as wholesale under the MHRA, please send your signed orders to the email shown below.

Revolve Medicare is a trading name of Saifee Healthcare Ltd, 45 High Street, Stourbridge, DY9 8LQ

Website: www.revolvemedicare.co.uk | **Email:** info@revolvemedicare.co.uk
Tel: 0121 827 5538

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