



## Transpharm Order Form Schedule 6 Medicines / Substances

In terms of the Medicines and Related Substances Act 2002 of the Pharmacy Act 65 of 1974  
and the amended Medicines Control Act 101 of 1965.

Name of Client: _____  Account Number: _____  Approved Delivery Address: (Rubber Stamp preferred)      Tel / Fax number: _____  Order Number: _____	<p style="text-align: center;"><u>To the Responsible Pharmacist Schedule 6:</u></p> TRANSPHARM 387 Taljaard Street Hermanstad Pretoria, Gauteng 0082  P.O. Box 23297 Gezina, Pretoria 0031  <b>Fax: 086 601 8112</b>  Tel: 012 377 2182 / 012 377 9000  Email: <a href="mailto:boxw@transpharm.co.za">boxw@transpharm.co.za</a>
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Description of S6 Substance / Strength / Dosage form	Pack size	No of Packs	Quantity Ordered	Quantity Ordered (Words)

**Please note:** Only persons **LEGALLY AUTHORISED** to place an order may sign this order.  
 No stock will be invoiced for delivery without an order form  
**An electronic/telephonic order must still be placed.**

**Please Print:**

Name of authorized purchaser/ pharmacist/ medical practitioner/ veterinary surgeon/ dentist:

\_\_\_\_\_

Professional Qualification: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_