



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 3 Elektron Street Triangle farm Stikland, Bellville 7530 Suite 171, Postnet Parow Private Bag X23 Parow East, 7501 Fax: 086 665 9028 Tel: 021 929 2127 / 021 929 2138 Email: schedule@transpharm.co.za
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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: _____