

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><u>To the Responsible Pharmacist Schedule 6:</u></p> TRANSPHARM 387 Taljaard Street HERMANSTAD 0082, Pretoria P.O. Box 23297 GEZINA 0031, Pretoria Fax: 086 601 8112 / 012 377 2182 Tel: 012 377 9084 / 012 377 9085 Email: boxw@transpharm.co.za
---	---

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.
 The original form must reach Transpharm within seven (7) days.
 (Handed to Transpharm drivers or posted to Transpharm where couriers are used.)

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

Professional Qualification: _____

Registration Number: _____

Signature: _____

Date: _____