

Trasmore Limited

SUPPLY OF EXEMPT MEDICINAL PRODUCTS

TO: DMI

DATE:

Please supply me with the following as a special order:

Product Code	Product Description	Quantity

I confirm that this order is placed in response to a bona fide unsolicited order, formulated in accordance with the specifications of a practitioner for use by his individual patients on his direct personal responsibility in order to fulfil the special needs of those patients

(For Wholesalers Only: Upon signature of this document, you hereby agree to obtain and retain written confirmation that the product is being requested by or to the order of a registered medical practitioner or registered dentist for the treatment of a patient under his/her care.)

Name of Dentist Placing Order:

Please print

Signature

Name and Address of Surgery

Prescriber's Name

Please return the completed form to:

DMI, Vimac House, H16 Centrepont Business Park, Oak Road, Dublin 12

For Internal Use Only

Batch Number:

Expiry Date:

Invoice/Order Ref

Form code no: OPF11

Issue No: 4

Issue Date: 16/04/2012

Sig. Of Mgt. Rep. _____