



Attention: The Pharmacist, Care of the PHD Call Centre
Telephone: 0860 655 600
Fax: 0860 655 601

Schedule 6 Order Form

In accordance with Act 101/1965, please supply the following Schedule 6 substances, which are required for legal purposes:

- 1) Product Name: _____
Amount in Words: _____
Amount in Figures: _____
- 2) Product Name: _____
Amount in Words: _____
Amount in Figures: _____
- 3) Product Name: _____
Amount in Words: _____
Amount in Figures: _____
- 4) Product Name: _____
Amount in Words: _____
Amount in Figures: _____

Detail of the Healthcare Professional requesting the Schedule 6 Order ...

Name: _____	Signature: _____
Qualifications: _____	Date: _____
Professional Registration Number: _____	
Order Number: _____	

Order placed on behalf of ...

Account Name: _____
Account Number: _____

Note: The Original Schedule 6 form must be in the hands of PHD by no later than 7 days from the date of order. Please post the original document to the address provided at the top of this page.