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| --- | --- | --- | --- | --- |
| Patient Name |  | Date of Birth |  | |
| Address |  | Tel No. |  | |
|  | | Date |  | |
|  | | Units allowed for month | |  |

**Please write below the items you wish to order**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer/Description** | **PIP Code** | **Unit Size** | **Quantity** | **Total Units** |
| *Example - Glutafin Fibre Loaf Sliced* | *237 7356* | *400g* | *6* | *6* |
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| **Total units** | | | |  |

**Hand this form to your community pharmacy to place your order**

If you wish to keep a copy for your records please use a spare form or ask if your pharmacist can copy it for you.  
  
Pharmacy Use: This form should be kept in the pharmacy for 12 months