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Product Enquiry / Order form

Form 1A: QSM, 4 Reviewed 090515

Download PDF version of Product Enquiry form at : www.medisource.ie/contact.html

Name of pharmacy: _____	Contact name: _____
Address: _____	Tel No: _____
_____	Fax no: _____
_____	Email Address: _____
_____	Acc number: _____

Product Enquiry	
Generic Name	
Brand Name (if known)	
Strength	
Pharmaceutical Form (inj, tabs etc)	
Quantity required	
Date product required by	
Preferred Manufacturer of product (if known)	
Is this product currently available in licensed form on the Irish market <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate if product is: <input type="checkbox"/> Controlled drug <input type="checkbox"/> Blood product <input type="checkbox"/> Poison	
If possible please provide additional information concerning the product: e.g. why unavailable and your anticipated ongoing requirements:	

Product Order														
<p>I accept the conditions of supply outlined on this form and I confirm that exempted unauthorised medicinal products sourced from Medisource will only be supplied by/or to the order of a registered medical practitioner/dentist to fulfill special needs for a patient under his/her care.</p> <p>..... Pharmacist Signature</p> <p>..... Date</p> <p>..... Print name (use capital letters)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 75%; text-align: center;">Description of product</th> <th style="width: 20%; text-align: center;">Quantity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">2.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">3.</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Purchase order number / reference: _____</p> <p>Products not in stock are automatically placed on back order. Please place an 'x' in the box if you do not wish to accept this back order. <input type="checkbox"/></p> <p>Note: Returns of unauthorised medicinal products are not accepted under any circumstances.</p>		Description of product	Quantity	1.	_____	_____	2.	_____	_____	3.	_____	_____	
	Description of product	Quantity												
1.	_____	_____												
2.	_____	_____												
3.	_____	_____												

**This form must be completed in full, signed and faxed
 back to Medisource on +353-1-2866288**

Note: By ordering an exempt medicinal product from Medisource, you have confirmed that there is no licensed pharmaceutical equivalent suitable on the Irish market.