

Medisource Ireland Ltd.
 Unit 24-26, Bullford Business Campus, Kilcoole, Co. Wicklow
 email: orders@medisource.ie
www.medisource.ie
 Phone: + 353 - 1 - 2866 366
 Lo-Call: 1890 2866 366
Fax: +353-1-2866 288



Product Enquiry / Order form

Form 1a: QSM. 4 Reviewed 161021

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

Name of pharmacy: _____ Address: _____ _____ _____ _____	Contact name: _____ 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	
<i>If possible please provide additional information concerning the product: e.g. why unavailable and your anticipated ongoing requirements:</i> 	

Product Order													
<i>I accept the conditions of supply outlined on this form and I confirm that exempt 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.</i> Pharmacist Signature Date Print name (use capital letters)	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 5%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Description of product</th> <th style="text-align: center; border-bottom: 1px solid black;">Quantity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">3.</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> <p>Purchase order number / reference: _____</p> <p><i>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.</i> <input type="checkbox"/></p> <p>Note: Returns of exempt medicinal products are not accepted under any circumstances. There will be a carriage charge of €4.95 on all orders below €20.</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.