**[Company name]**

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# Pharmaceutical supplier order form

Order stock from wholesalers with complete product details - fewer errors, faster fulfilment.

## Order details

| | |
|---|---|
| **Pharmacy** | [Pharmacy name and address] |
| **Account number** | [Supplier account number] |
| **Supplier** | [Supplier name] |
| **Order date** | [Date] |
| **Order number** | [Internal order number] |
| **Delivery required by** | [Date] |
| **Ordered by** | [Staff name] |

## Items ordered

| Product code | Product name | Strength / form | Pack size | Qty (packs) | Unit price | Line total |
|---|---|---|---|---|---|---|
| [Code] | [Product name] | [e.g. 500mg tablets] | [e.g. 28] | [Qty] | [¤ price] | [¤ total] |
| [Code] | [Product name] | [e.g. 100ml] | [e.g. 1] | [Qty] | [¤ price] | [¤ total] |
| [Code] | [Product name] | [e.g. 10mg capsules] | [e.g. 30] | [Qty] | [¤ price] | [¤ total] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## Order total: [¤ amount]

## Delivery notes

[Delivery instructions, e.g. fridge items to be accepted on arrival, delivery hours.]

## Goods received

| Date received | Received by | Complete? | Discrepancies |
|---|---|---|---|
| [Date] | [Name] | [Yes / No] | [Details or none] |
| | | | |

## Sign-off

| Authorised by | Date | |
|---|---|---|

| | | |
|---|---|---|
| | | |