[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]

[Company name]

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	