



# Breakspear Medical Group Ltd

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## Pharmacy order form

Full Name \_\_\_\_\_ Date of birth (dd/mm/yy) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Account No \_\_\_\_\_

### Credit Card Details

Card Type  Visa  Mastercard  Debit Card *(Note: we do not accept American Express)*

Card number \_\_\_\_\_

Valid from (mm/yy) \_\_\_\_\_ Until end (mm/yy) \_\_\_\_\_

Security number \_\_\_\_\_ Issue \_\_\_\_\_  
(final 3 digits from signature strip) (Switch/Maestro only)

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Postage		
<b>UK</b>		
Up to 100g	£ 2.50	
100-500 g	£ 3.50	
500g-1kg	£ 5.50	
Up to 2kg	£ 8.50	
Up to 10kg	£10.00	
Overseas	£	
Collection		
No Charge		

Your personal and credit/debit card details are held securely and in strict confidence by the Accounts Department.

[----- This section is for office use only -----]

Product/Brand	Pack Size	Qty	Code	Batch	Quantity supplied

Practitioner: \_\_\_\_\_

Date dispensed: \_\_\_\_\_  
Dispensed by: \_\_\_\_\_  
Doctor: \_\_\_\_\_