

## Trasmore Limited

### SUPPLY OF EXEMPT MEDICINAL PRODUCTS

TO:            DMI

DATE:

Please supply me with the following as a special order:

Product Code	Product Description	Quantity

I confirm that this order is placed in response to a bona fide unsolicited order, formulated in accordance with the specifications of a practitioner for use by his individual patients on his direct personal responsibility in order to fulfil the special needs of those patients

**(For Wholesalers Only:** Upon signature of this document, you hereby agree to obtain and retain written confirmation that the product is being requested by or to the order of a registered medical practitioner or registered dentist for the treatment of a patient under his/her care.)

**Name of Dentist Placing Order:** \_\_\_\_\_

*Please print*

**Signature** \_\_\_\_\_

**Name and Address of Surgery** \_\_\_\_\_

**Prescriber's Name** \_\_\_\_\_

**Please return the completed form to:**

**DMI, Vimac House, H16 Centrepont Business Park, Oak Road, Dublin 12**

**For Internal Use Only**

Batch Number:

Expiry Date:

Invoice/Order Ref

**Form code no: OPF11**

Issue No: 4            Issue Date: 16/04/2012

Sig. Of Mgt. Rep. \_\_\_\_\_