

UDD ORDERS ONLY

Pomalidomide Krka (pomalidomide) Order Form Ireland

Orders cannot be processed unless this form is fully completed and signed. The completed Order Form should be emailed to United Drug Distribution (UDD), for the attention of UDD Customer Service SpecialOrders@united-drug.com or Faxed to 01 463 2404. Orders received before 13:30 Monday-Friday will be delivered on the customers' next available route as per customers' current delivery arrangements with United Drug Wholesale.

For queries about your order please email SpecialOrders@united-drug.com or Telephone 01 463 2478. Please ensure all data is recorded in Black or Blue ink. Prescription Authorisation Forms and Prescriptions should not be sent to United Drug.

Pharmacy Details (Please print)						
Ordered by: (Please print full name and position e.g. Irish registered pharmacists/technician)						
Pharmacy Name and Address: (Please print)				Pharmacy Stamp		
Pharmacy Phone Number:						
Please indicate your nominated United Drug routine wholesaler: (Please tick)				UD Wholesale Account Number:		
<input type="checkbox"/> Dublin	<input type="checkbox"/> Ballina	<input type="checkbox"/> Limerick				
Patient Details (Please print)						
Prescriber (Please print)						
Treating Hospital						
Indication				Patient date of birth DD MM YYYY		
Male						TICK
Woman of childbearing potential (WCBP)						TICK
Woman of non-childbearing potential (WNCBP)						TICK
Dose of pomalidomide being prescribed				Date of prescription DD MM YYYY		
Product Description	Strength	Quantity required				
Pomalidomide capsules	2 mg					
Pomalidomide capsules	3 mg					
Pomalidomide capsules	4 mg					
Comments:						
Is this the 1 st , 2 nd or 3 rd dispensing of this prescription:				Total Supply Prescribed:		
<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4-weeks	<input type="checkbox"/> 8-weeks	<input type="checkbox"/> 12-weeks	Other-specify:
I confirm that I am ordering on behalf of a registered pharmacy and that Pomalidomide Krka will be dispensed in accordance with the risk minimisation procedures for pomalidomide, as specified by KRKA in the Pomalidomide Krka Healthcare Professional's Information Guide.						

I confirm that treatment lengths will be limited to a maximum of 4 weeks supply for women of childbearing potential and a maximum of 12 weeks for males and women of non-childbearing potential patients. For women of childbearing potential dispensing will be within 7 days of the date of prescription	Sign	Date DD MM YYYY
		Telephone
	Print:	

FOR INTERNAL USE ONLY			
Sales order:	Date: DD MM YYYY	Initials:	Tracker number: