

# Sativex® Oromucosal Spray delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD)

## Order Form

Thank you for ordering Sativex® Oromucosal Spray.

If further information is required please call Customer Services on 0118 206 3131.

Before orders can be processed, ALL of the following information must be provided:

PLEASE PRINT CLEARLY

### 1. Delivery details:

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Pharmacy Tel: \_\_\_\_\_

Pharmacy e-mail: \_\_\_\_\_

### 2. Patient details and packs required per patient:

	Number of packs	New Sativex patient (please tick box)	Existing Sativex patient (please tick box)
Patient 1		<input type="checkbox"/>	<input type="checkbox"/>
Patient 2		<input type="checkbox"/>	<input type="checkbox"/>
Patient 3		<input type="checkbox"/>	<input type="checkbox"/>
Patient 4		<input type="checkbox"/>	<input type="checkbox"/>
Patient 5		<input type="checkbox"/>	<input type="checkbox"/>
Patient 6		<input type="checkbox"/>	<input type="checkbox"/>
Patient 7		<input type="checkbox"/>	<input type="checkbox"/>
Patient 8		<input type="checkbox"/>	<input type="checkbox"/>
Patient 9		<input type="checkbox"/>	<input type="checkbox"/>
Total number of Packs			

**PLEASE ONLY ORDER IN PACKS - MINIMUM ORDER 1 PACK = 3 x 10mls vials  
(90 doses per vial, 270 doses per pack)**

All orders must be authorised by a registered Pharmacist / Prescriber

Authorising signature: \_\_\_\_\_ Date \_\_\_\_\_

When complete, please fax to **0118 206 3429** or email to **orders-uk@bayer.com**

