[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Pharmaceutical supplier order form

Order stock from wholesalers with complete product details - fewer errors, faster fulfilment.

Order details

Pharmacy: _____

Account number: _____

Supplier: _____

Order date: _____

Order number: _____

Delivery required by: _____

Ordered by: _____

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]

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:** _____