**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescriber’s IDC/PSI/MDRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return the completed form to:**

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

**For Internal Use Only**

Batch Number:

Expiry Date:

Invoice/Order Ref