

**A DOCTOR OR DENTIST CAN USE THIS FORM TO AUTHORISE A NURSE TO PROCURE MEDICINAL PRODUCTS ON THEIR BEHALF.
PLEASE ENTER THE REQUIRED DETAILS THEN PRINT, SIGN AND RETURN THE FORM TO SALES@EUREKADIRECT.CO.UK.**

I, Dr: _____

GMC registration number: _____

, am a duly registered medical practitioner employed/contracted by:

Organisation Name: _____

Organisation _____

Address: _____

I hereby authorise the following persons to order and obtain the medicinal products listed in Appendix 1 from appropriately authorised suppliers and wholesale dealers holding a valid Wholesale Distribution Authorisation (WDA(H)) on behalf of the above organisation/service.

Authorisation given to:	1st Person	2nd Person
First Name		
Surname		
Position		
Recognised Medical Body		
Medical Qualification No/NMC number		

This authority is granted solely for the purpose of:

- administration to patients under the care of the service
- stock replenishment for clinical use within the service

The authorised nurse acts under my clinical authority and within the scope of:

- their professional competence
- organisational medicines governance procedures
- applicable provisions of the Human Medicines Regulations 2012
- all relevant medicines management policies

This authorisation expires on _____ unless withdrawn earlier in writing or if there is a change in nominated personnel/products authorised to supply.

Yours faithfully,

Dr Full Name: _____

Qualifications: _____

GMC No: _____

Job Title: _____

Organisation Name: _____

Signature: _____ Date: _____

Contact Telephone: _____

Professional Email: _____

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Appendix 1 - Authorised Medicines

Medicine	Strenght / Form	Purpose	Restrictions

For supplier use only – do not complete:

Sales Manager Signature:	RP Signature:
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FREE DELIVERY
on all orders

FREE BISCUITS!
with orders over £150

30 DAY GUARANTEE
and free returns