

Request for Manufactured Products - Stock (VIC AHPs Only)

Parent document: SOP-00070

[AHP code]	[AHP name]	Phone	[phone number]			
		Fax	[fax number]			
		Email	[email]			
Fax completed order to Lifeblood		[local fax number]		Local Customer Service phone number		[local customer service phone number]
Local Customer Service email		[email]				
Order prioritisation		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Life threatening				
Date/Time required						
Ordered by		[name]		Date	[date]	
The AHPRA and Poisons License number must be current at the time of completing this form Note: If you do not have a Poisons License number or it has expired please provide requesting Drs name and AHPRA #						
Current Poisons Licence OR Requesting Drs name & AHPRA no.				Expiry Date		
Manufactured product stock request information						
Code	Product	Agreed Level	On Hand	Required	Issued	
Comments:						
Lifeblood Use Only						
NBMS order number				Taken by		
Delivery details						