Attn: NHG Pharmacy @ Pharmacy Services Centre

**GP Medication Order Form (Signed Order)**

Fax: 6385 0802/ Email: order\_psc@pharmacy.nhg.com.sg

Delivery

Name of Clinic:

Address of Clinic:

 Normal\*

 Express ($20 Surcharge payable by Clinic)\*\*

**Drug Order List**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | Drug Name, Strength and Dosage Form | **Order Qty****(in unit qty)** | **Batch/Exp Date****(for Pharmacy use only)** |
|
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**Drug Order List (For Benzodiazepines):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | Patient Initials | Drug Name, Strength and Dosage Form | **Duration** | **Order Qty****(in unit qty)** | **Batch/Exp Date****(for Pharmacy use only)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Any cancellation/amendment in the drug name and/or quantity must be accompanied by the doctor’s signature. Please follow up with a call to pharmacy @ 6385 4532 after faxing to ensure receipt of orders.

Special Instructions

Terms & Conditions:

1. Drugs sold are non-exchangeable and non-returnable.
2. Order must be faxed/emailed to NHG Pharmacy, Pharmacy Services Centre with all details duly filled. Original copy with Doctor’s signature must be given to the courier upon delivery.
3. Exemption drug orders must be accompanied with the form "APPLICATION FOR CONSIGNMENT APPROVAL OF AN UNREGISTERED THERAPEUTIC PRODUCT FOR PATIENT’S USE (Section D).
4. Delivery is available only from Monday to Friday, excluding Public Holidays (PHs) and eve of PHs.
5. \*Lead-time of delivery is 3 working days excluding day of the receipt of order.
6. \*\*For urgent orders, express delivery within the same day is available provided that drugs requested are available and order is received before 10am on the same day. Order received after 10am will be delivered before 5pm of the next working day. Express delivery orders are chargeable at $20.
7. Hoarding charge of $5 per 20min is applicable if the courier is held up by reasons not due to the fault of the courier.
8. Payment to NHGPh shall be made within thirty (30) days from invoice date. In the event whereby payment persists beyond thirty (30) days, GP Partner will be subjected to a late payment fee of $10 per invoice per month until payment has been cleared. NHGPh reserves the rights to withhold medication supply.

Updated 15 Dec 2022

I confirm the purchase of the drugs under the above terms and conditions.

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 (Dr’s Name & MCR No.) (Dr’s Signature) (Date)