

Request for supply for the purpose of dispensing by Community Pharmacy to NHS Scotland patients

Fax to: 0800 169 5432 or email to: welwyn.rx_custserv@roche.com

1. To be able to process your orders please provide the	following information: Accoun	t Ref:
Pharmacy Name:		
Address:		
Postcode:Associ	ated Health Board	
Telephone Number:		
Email Address:		

2. Prescription details

Products are only supplied to community pharmacies in Scotland in response to the receipt of valid NHS Scotland prescriptions specifying these medicines. The unique prescription number must be referenced to place an order for this product and volumes will be audited against prescriptions issued.

Prescription	Prescription	Product	No. Packs
number	date		required
		Esbriet (pirfenidone) 267mg 63 caps 2 week initiation pack	
		Esbriet (pirfenidone) 267mg 252 caps	
		Esbriet (pirfenidone) 267mg 270 caps	
		Pegasys (pegylated interferon) Prefilled syringe 90mcg 0.5ml (1)	
		Pegasys (pegylated interferon) Prefilled syringe 135mcg 0.5ml (1)	
		Pegasys (pegylated interferon) Prefilled syringe 180mcg 0.5ml (4)	
		Pegasys (pegylated interferon) Prefilled PEN 135mcg 0.5ml (1)	
		Pegasys (pegylated interferon) Prefilled PEN 180mcg 0.5ml (4)	
		RoActemra (tocilizumab) Subcutaneous Prefilled syringe 162mg 0.9ml (4)	
		Copegus (ribavirin) 200mg 42 tablets	
		Copegus (ribavirin) 200mg 112 tablets	
		Copegus (ribavirin) 200mg 168 tablets	
		Copegus (ribavirin) 400mg 56 tablets	

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate legal action may be taken. To enable the Common Services Agency to confirm the amount of products supplied to patients and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Scotland Practitioner & Counter Fraud Services. This declaration is made on behalf of the responsible pharmacist detailed below and the Community Pharmacy NHS Contractor.

3. Signed and confirmed by the responsible pharmacist

Full name (block capitals)	
Signature:	 Date:
GPhC Pharmacist registration no:	 NHS Pharmacy contractor no:

All sections must be fully completed – please telephone Roche if you do not already have an active account for ordering.

Roche Products Limited

Hexagon Place 6 Falcon Way, Shire Park Welwyn Garden City Herts AL7 1TW Supply Chain Team Tel. 0800 731 5711 Fax 0800 169 5432

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Reg in England No 100674