**Gilead order confirmation and prescription validation details**

To Alcura UK Ltd

**\*Faxback with a copy of the script on 01604 433595**

**e-mail scanned copies to** [**alcuraorders@alcura-health.co.uk**](mailto:alcuraorders@alcura-health.co.uk)

1. Please validate the attached prescription for supply of Gilead Products, process my order/supply
2. My Alcura UK Ltd account number\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pharmacy Name\*:­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode\*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\*: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number\*: \_\_\_\_\_

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| **DESCRIPTION** | **Alcura product code** | **ORDER QUANTITY** |
| Cayston Neb Sol 75mg (84) | 3685674 |  |
| Eviplera Tablets (30) | 3686565 |  |
| Genvoya Tablets (30) | 4000782 |  |
| Truvada Tablets (30) | 3141132 |  |
| Viread 245mg Tablets (30) | 2823698 |  |
| Viread 123mg Tablets (30) | 3782547 |  |
| Viread granules (ordered in for patients) | 3782539 |  |
| Odefsey Tablets (30) | 4023610 |  |
| Descovy Tablets 200/10 (30) | 4021929 |  |
| Descovy Tablets 200/25 (30) | 4021937 |  |
| Stribild (30) | 3804903 |  |
| Velmidy (Viread 25mg) (30) | 4062022 |  |
| Biktarvy (30) | 4082483 |  |
| Tybost 150mg FC tablets (30) | 3861028 |  |

1. **A copy of a prescription is attached with patient data obscured. \* (Serial number needs to be clearly visible on the prescription – no prescription received the order will not be processed).**
2. Confirmed by responsible pharmacist

Full Name\* (block capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPHC registration number\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*All sections to be fully completed**