

LPT Pharmacy Medication Requisition Form

Invoice No:

Wholesale Dealer License : **WDA(H) 31856**

Supplier's Name: LPT Pharmacy Services, Bradgate Mental Health Site, Groby Road,
Leicestershire, Leicester, LE3 3EJ

Drug Name	Strength and Unit of Measure	Form	Quantity
-----------	---------------------------------	------	----------

Purpose for which drugs are required (tick relevant box)

For use within Pharmacy

For Paramedic / Doctors use

For use in independent hospital

Other (please state below)

Pharmacy / NHS Trust or NHS Provider Code

Responsible Pharmacist's Name

Address

Postcode

Date of Order

Signature (signature of Practitioner above) _____