Version 2 Feb 2024



## **UNIPHAR ORDERS ONLY**

## Lenalidomide Rowex® (lenalidomide) Order Form Ireland

Orders cannot be processed unless this form is fully completed and signed. The completed Order Form should be emailed to Rowex Ltd. for the attention of Rowex Customer Service **SpecialOrders@rowa-pharma.ie** or **faxed** to 027 50417. Orders received before **13.30 Monday to Friday** will be delivered the next working day (note there are no deliveries on Saturdays).

For queries about your order please email **SpecialOrders@rowa-pharma.ie** or **Telephone 027 50077**. Please ensure all data is recorded in Black or Blue ink. Prescription Authorisation Forms and prescriptions should not be sent to Rowex Ltd.

Pharmacy Details	
Ordered by: (Please print full name and position	ion e.g. Irish registered pharmacist/technician)
Pharmacy Name & address: (Please print)	Pharmacy Stamp
Pharmacy Telephone:	
Pharmacy GMS code:	
Patient Details	
Prescriber (Please print)	
Treating Hospital	
Indication	Patient Date of Birth
Male	tick
Woman of childbearing potential (WCBP)	tick
Woman of non-childbearing potential (W	
Dose of lenalidomide being prescribed	Date of prescription
Book of fortaindofffide boiling procession	2 at a compact
Product Description	Strength Quantity required
Lenalidomide Capsules	5mg
Lenalidomide Capsules Lenalidomide Capsules	5mg 10mg
Lenalidomide Capsules Lenalidomide Capsules Lenalidomide Capsules	5mg 10mg 15mg
Lenalidomide Capsules Lenalidomide Capsules Lenalidomide Capsules Lenalidomide Capsules	5mg 10mg
Lenalidomide Capsules Lenalidomide Capsules Lenalidomide Capsules	5mg 10mg 15mg
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