

UDD ORDERS ONLY

Lenalidomide Krka (lenalidomide) Order Form Ireland

Orders cannot be processed unless this form is fully completed and signed. The completed Order Form should be emailed to United Drug Distribution (UDD), for the attention of UDD Customer Service SpecialOrders@united-drug.com or **Faxed to 01 463 2404**. Orders received **before 13:30 Monday-Friday** will be delivered on the customers' next available route as per customers' current delivery arrangements with United Drug Wholesale.

For queries about your order please email SpecialOrders@united-drug.com or **Telephone 01 463 2478**. Please ensure all data is recorded in Black or Blue ink. **Prescription Authorisation Forms and Prescriptions should not be sent to United Drug.**

Pharmacy Details (Please print)		
Ordered by: (Please print full name and position e.g. Irish registered pharmacists/technician)		
Pharmacy Name and Address: (Please print)	Pharmacy Stamp	
Pharmacy Phone Number:		
Please indicate your nominated United Drug routine wholesaler: (Please tick) Dublin <input type="checkbox"/> Ballina <input type="checkbox"/> Limerick <input type="checkbox"/>		
Patient Details (Please print)		
Prescriber (Please print)		
Treating Hospital		
Indication	Patient date of birth DD MM YYYY	
Male	TICK	
Woman of childbearing potential (WCBP)	TICK	
Woman of non-childbearing potential (WNCBP)	TICK	
Dose of lenalidomide being prescribed	Date of prescription DD MM YYYY	
Product Description	Strength	Quantity required
Lenalidomide capsules	5 mg	
Lenalidomide capsules	10 mg	
Lenalidomide capsules	15 mg	
Lenalidomide capsules	25 mg	
Comments:		
I confirm that I am ordering on behalf of a registered pharmacy and that Lenalidomide Krka will be dispensed in accordance with the risk minimisation procedures for lenalidomide, as specified by KRKA in the Lenalidomide Krka Healthcare Professional's Information Guide.		

I confirm that treatment lengths will be limited to a maximum of 4 weeks supply for women of childbearing potential and a maximum of 12 weeks for males and women of non-childbearing potential patients. For women of childbearing potential dispensing will be within 7 days of the date of prescription	Sign	Date DD MM YYYY
		Telephone
	Print:	

FOR INTERNAL USE ONLY			
Sales order:	Date: DD MM YYYY	Initials:	Tracker number: