

# UNIPHAR 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 KRKA, for the attention of KRKA Customer Service [Info.IE@krka.biz](mailto:Info.IE@krka.biz). Orders received **before 13:30 Monday-Friday** will be delivered on the customers' next available route as per customers' current delivery arrangements with Unipharm.

For queries about your order please email [Info.IE@krka.biz](mailto:Info.IE@krka.biz) or Telephone **01 413 3710**. Please ensure all data is recorded in Black or Blue ink. **Prescription Authorisation Forms and Prescriptions should not be sent to KRKA.**

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:		Pharmacy GMS code:	
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: