**Request for Supply of Section 29 Products**

PLEASE NOTE: REQUESTS FOR SECTION 29 PRODUCTS MUST BE ON THE LATEST ISSUE OF THIS FORM. TO ENSURE RAPID ORDER PROCESSING, ALWAYS REQUEST A NEW FORM FROM HEALTHCARE LOGISTICS BEFORE PLACING EACH NEW ORDER.

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| **To:** |      (HCL Customer Service Rep) | **Email:** orders@healthcarelogistics.co.nz |
| **HCL Sold-to Account #** |       | **HCL Ship-to Account #** |       |
| **Name:** |       | **Name:** |       |
| **Address:** |       | **Address:** |       |
| **City:** |       | **City:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Product (name, dose form and strength)** | **Quantity** | **Doctor Name** | **Patient Name** |
|       |     |       |       |
|       |     |       |       |
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| *NOTE: Where a supplied order form contains the information required above, the section above does not need to be completed if the order is attached to this form.* |

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| DECLARATION: Please select one and sign below | Tick one |
| I confirm that I am authorised under Section 29 of the Medicines Act 1981 to request supply of the above named medicines. I am a registered medical practitioner or a pharmacist acting on behalf of one. I confirm that I hold any required licenses. | **[ ]**  |
| I represent a hospital and this medicine is required or held for use in an emergency. Patient / Doctor details are not available at this time. | **[ ]**  |

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| --- | --- | --- |
| **Name (print)** | **Signed** | **Date** |
|  |  |  |
| **Contact Phone Number** | **Contact Email Address** |
|       |       |

**HCL Use Only**

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| --- | --- | --- | --- |
| **INF-ZPL38 Checked** | **[ ]**  | **S/O#** |  |
| **Keyed By** |  | **Date** |  |
| **Released By** |  | **Date** |  |