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|-----------------------|--|
| To (Site Pharmacy) | |
| Attention | |
| Fax Number | |

Order Form
COST PRICE NRT LOZENGES FOR STAFF
This form is to be used when there is no on-site pharmacy

Directions for cashiers

1. This form is to be completed by cashiers when Hunter New England Health employees require intermittent NRT lozenges, in accordance with the Smoke-Free Health Service, when there is no on-site pharmacy.
2. Collect payment for lozenges from staff member.
Cost of NRT lozenges 4mg, pack of 72 is \$27.75* (cost price plus handling fee)
3. Fax this form and a copy of the receipt to pharmacy to enable NRT lozenges to be dispensed. (See below)
4. Transfer funds to pharmacy account (see below)

Quantity required

_____ packets of NRT lozenges 4mg (pack of 72) @ \$27.75* = \$ _____

Payment received by cashier \$ _____ Date _____

* Cost quoted is current as at January 2008 and is subject to change.

| For completion by cashier | |
|---|--|
| Name and ID number of employee | |
| Employee phone number | |
| NRT lozenges are to be dispatched to: (i.e. unit/ ward/ site/ held at pharmacy for collection) | |

| For completion by pharmacy | |
|--|--|
| Date NRT dispensed | |
| NRT dispatched to (name and destination) | |

| Pharmacy | Fax Number | Account Code |
|---------------------------------------|------------|--------------|
| Tamworth Base Hospital | 67 613752 | 552112 |
| Armidale Hospital | 67 764721 | 552112 |
| Manning Base Hospital | 65 929960 | 555571 |
| Belmont Hospital | 49 232133 | 552072 |
| James Fletcher Hospital | 49 246777 | 552303 |
| Maitland Hospital | 49 392275 | 552073 |
| Upper Hunter Cluster Hospital – Scone | 65 402179 | 552079 |

Confidential shredding - Form to be destroyed after data entry