**Purchase Order Form - Medical**

This document is intended for use by customers to make official purchases and to provide information required by Openhouse Products.

|  |  |
| --- | --- |
| **Invoice Address** | **Delivery Address (if different from Invoice Address)** |
| \***Company Name:** | \***Company Name:** |
| \***Address including postcode:** | \***Address including postcode:** |
| \***Country:** | \***Country:** |
| \***Contact Name:** | \***Contact Name:** |
| \***Contact No:** | \***Contact No:** |
| \***Email:** | \***Email:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Code (if known):** | \***Description:** | \***Quantity:** | **Unit Price + VAT:** |
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|  | ***Carriage of Medical Items*** | ***1*** | ***TBC*** |

**Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Body: e.g. GDC/GMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NB*** - We use a dedicated and MHRA approved courier to ship all medical items.

**Please note that due to licensing requirements, we will need a signed and dated statement from the licensed practitioner confirming how they are associated with the company requesting the medical items before we can proceed with your order.**

\*Please ensure that all required fields are completed correctly.

Thanks again for your order.

Kind Regards,

Openhouse Products.