

FAX BACK TO 0800 455 442

To request further materials or information
please complete the details below.

Please send me:

Health Professional Information: Changes to the close control rules from 1 June 2008	Number of copies: _____
Patient Information: Changes to the amount of medicine you receive	Number of copies: _____

If you have any questions please write your message below:

Our records currently show the following:

Contact Name:
Pharmacy/Surgery/Hospital Name:
Postal Address:
Physical Address:
Telephone: _____ **Fax:** _____

Please amend my details as follows:

Contact Name: _____
Pharmacy/Surgery/Hospital Name: _____
Postal Address: _____
Physical Address: _____
Phone: () _____
E-mail: _____

Please remove me/this organisation from your list