

Requisition Form

Lithium Monitoring Packs

Please complete and forward to PA to the Chief Pharmacists at Trust HQ or
fax to 01785 221471

Consultants Name:	.....
Ordered By (Name):	.....
Order By (Signature):	.....
Address:	..... ..... .....
Tel No.:	.....
Fax No.:	.....
Date Ordered:	.....

Number of lithium monitoring packs you wish to order: _____

Directorate to be Charged: _____

This form must be signed by the Consultant

Consultant Signature: Print Name:

Date:

For HQ Use Only:	
Requisition No.:	.....
Picking Ticket No.:	.....
Delivery Note No.:	.....
Date Issued:	.....