

ORDER FOR LOCAL SUPPLY OF DANGEROUS DRUGS

DANGEROUS DRUGS ORDER NO:

DATE:

TO: (Name & Address of Supplier)

.....
.....
.....

Please supply the following to (Name & Address of buyer):

.....
.....

ITEM	CODE NO.	QUANTITY	
		ORDERED	SUPPLIED

ORDERED BY:

.....
Full name (in block letters)

.....
Signature

.....
Qualification

.....
Medical Council Licence number

DATE STAMP

APPROVED BY:

.....
Full name

.....
Signature

.....
Designation

DATE STAMP

For / Permanent Secretary
Ministry of health