**Information required if your supplier can’t supply and your pharmacy has less than 72 hours of stock.**

Please email this form to england.pharmacysouthwest@nhs.net

|  |  |
| --- | --- |
| ODS |  |
| Pharmacy |  |
| Pharmacy Postcode |  |
| Date you contacted your supplier |  |
| Details of supplier/wholesaler contracted |  |
| What ordered |  |
| Quantity Ordered |  |
| Your Name |  |
| Your email address |  |
| Your phone number |  |
| Name of contact for next 24 hours |  |
| Email of contact for next 24 hours |  |
| Phone for contact for next 24 hours |  |
| Named contact to receive delivery |  |
| Delivery address |  |
| Delivery address postcode |  |
| How long will current supply last?(e.g. less then 24 hours, 1-2 days) |  |