

Prescription Only Medicines (POM) Authorisation Form



To comply with regulatory requirements Rociale Healthcare Ltd is required to check that any customers purchasing Prescription Only Medicines are legally authorised to do so.

Please complete this form and return it to us at your earliest convenience to ensure that there are no delays to your orders for Prescription Only Medicines.

Name of Organisation:

Address of Organisation:

.....

..... **Postcode:**

Please select one of the following (please tick the relevant box and supply the information as requested):

I confirm that the organisation listed above is legally authorised to purchase Prescription Only Medicines for the following reason:

I am a medical doctor, and my GMC registration number is

I am a registered dentist and my GDC registration number is

We are a hospital or a registered pharmacy. Registration number:

We have a full Wholesale Dealers Licence, and our licence number is
(Please provide a copy of your licence)

Other (please provide details):

.....

Name:

Position:

Signed:

Date:

Please e-mail your completed application to: info@rociallepracticecare.com

Or post to Rociale PracticeCare, Ty Mynydd, Cwm Cynon Business Park, Mountain Ash, CF45 4ER

