**Diater DAP Order Form**

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| **PRESCRIBING DOCTOR DETAILS** | | **DELIVERY DOCTOR DETAILS** | |
|  | | Same as Prescribing Doctor | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| Fax: |  | Fax: |  |
| Email: |  | Email: |  |

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| **PRODUCT NAME** | | **PRODUCT CODE** | | **DESCRIPTION** | **PRICE**  **(ex GST)** | **QUANTITY** | **TOTAL** |
| DAP® Penicillin | | DIA-DAP-6193 | | 3 vials PPL; 3 vials MDM; 12 vials diluent | $580.00 |  |  |
| DAP® Amoxicillin -3 | | DIA-DAP-6450 | | 3 vials 1 mL; 6 vials diluent | $360.00 |  |  |
| DAP® Clavulanic Acid | | DIA-DAP-6459 | | 3 vials 20 mg; 3 vials 5 mg; 18 vials diluent | $320.00 |  |  |
| DAP® Penicillin Diluent | | DIA-DAP-6352 | | 24 vials diluent | $180.00 |  |  |
| DAP® Amoxycillin /Clavulanic Acid Diluent | | DIA-DAP-6451 | | 24 vials diluent | $75.00 |  |  |
|  |  | |  | |  | **SUBTOTAL** |  |
|  |  | |  | |  | **10% GST** |  |
|  |  | |  | |  | **SHIPPING** | $20.00 |
|  |  | |  | |  | **TOTAL** |  |

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| **PAYMENT DETAILS** | | **BANK TRANSFER DETAILS** |
| Payment by | Doctor | Please use the following bank account details for the transfer.  Account Title: Ferrer Pharma Company Pty Ltd  BSB: 064186  Account Number: 1085 0908 |
| Patient |
| Payment method | Doctor’s Account |
| Bank Transfer |
| Cheque |
| Money Order |

|  |  |
| --- | --- |
| **DATE** | **DOCTOR’S SIGNATURE** |
| Click or tap to enter a date. |  |

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| **To place your order, please fax or email your order form to:**  **Fax: 02 8605 8489**  **Email : contact@ferrerpharma.com.au** |