

# ORDER FOR SCHEDULE 6 SUBSTANCES

PLEASE SUPPLY THE FOLLOWING SUBSTANCES IN TERMS OF THE MEDICINES & RELATED SUBSTANCES CONTROL ACT NO. 101 OF 1965

NAME OF SUBSTANCE	STRENGTH/ SIZE OR VOLUME	PACK SIZE	REQUIRED NUMBER OF PACKS (IN FIGURES)	REQUIRED NUMBER OF PACKS (IN WORDS)

(in block letters)

PLEASE COMPLETE IN FULL

ORDER No.:

DATE:

Full Name: ..... Business Address: .....  
(DOCTOR OR PHARMACIST NAME)

Professional Qualifications: ..... Registration Number: 

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Account No.: ..... Signature: .....