

ORDER FORM

Step-By-Step

1. Complete your pharmacy details below
2. Indicate the survey pack you require
3. Choose your payment option
4. Post or fax back your order form

Section 1: Your details *(Please complete all sections in block capitals)*

Title <small>(Mr/Mrs/ Ms/Dr)</small>	<input style="width: 95%;" type="text"/>	Forename	<input style="width: 95%;" type="text"/>	Surname	<input style="width: 95%;" type="text"/>
Pharmacy name	<input style="width: 100%; height: 25px;" type="text"/>				
Address	<input style="width: 100%; height: 60px;" type="text"/>				
Postcode	<input style="width: 95%;" type="text"/>		Telephone	<input style="width: 95%;" type="text"/>	
Fax	<input style="width: 95%;" type="text"/>		Email	<input style="width: 95%;" type="text"/>	
PCT name	<input style="width: 100%; height: 25px;" type="text"/>				
Date you would like your survey action pack <i>(Please allow 21 days for delivery)</i>			<input style="width: 100%; height: 25px;" type="text"/>		

Got more than one pharmacy? Tick here and we will send you another order form.....

Section 2: Your order

Type	Monthly prescription items	Standard Price (excl VAT)	Standard Price (incl VAT*)	Tick to order
A	0 to 2000	£75.00	£88.12	<input type="checkbox"/>
B	2001 to 4000	£100.00	£117.50	<input type="checkbox"/>
C	4001 to 6000	£120.00	£141.00	<input type="checkbox"/>
D	6001 to 8000	£145.00	£170.38	<input type="checkbox"/>
E	8001+	£160.00	£188.00	<input type="checkbox"/>

Section 3: Payment

<input type="checkbox"/>	I enclose a cheque for	<input style="width: 95%;" type="text"/>	OR	<input type="checkbox"/>	Please send me an invoice	
made payable to Webstar Health Limited						
Signed	<input style="width: 95%; height: 40px;" type="text"/>				Date	<input style="width: 95%; height: 40px;" type="text"/>

Post this form with your payment to : **Webstar Health**, Freepost SCE2794, Harrow, HA1 4ZS
Or fax to 020 8426 0936