



Unlicensed Product Order Form

Anoheal®

Page:  
Implementation Date:  
Revision Date:  
Version:

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20th October 2017  
20th October 2017  
1.0

Please fax back to our appointed distributor:

Movianto UK Limited on 01234 248705

Delivery Address (Hospitals/Pharmacies/Dispensing Practices Only)

|                   |  |
|-------------------|--|
| Name:             |  |
| Address:          |  |
| Post Code:        |  |
| Contact Name:     |  |
| Telephone Number: |  |
| E-mail Address:   |  |
| Order Number:     |  |
| Account Number:   |  |

| Product Code | Product                              | Quantity of Units<br>(1 unit = a box of 30mg Cream) |
|--------------|--------------------------------------|---|
| ANOHEAL      | Diltiazem Hydrochloride 20mg/g Cream |   |

**Declaration:** (to be signed by a person who is legally authorised, in accordance with MHRA Guidance Note No.14 - 'The Supply Of Unlicensed Relevant Medicinal Products For Individual Patients').

I confirm that this order for unlicensed product is intended to meet the 'special needs' of an individual patient in accordance with the specification of a doctor, dentist (or group of), or supplementary prescriber registered in the UK and for use on his direct personal responsibility.

Signed:

Print Name:

Professional Status:

Date:

Telephone Number:

\*Prescribing

Doctor's Name: \_\_\_\_\_ \*Mandatory

Your invoice will be issued by and payable to Movianto UK Limited

HFA Healthcare Products Limited  
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