Carrier Company/Pharmacy Name: **DELIVERY ADVICE**

*Delivery Advice for DAY the DATE of MONTH, YEAR*

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivery From:**  [Community Pharmacy Name]  [Address of Community Pharmacy] | **Delivery To:**  [Facility Name]  [Address of facility] | **Number of Sealed Tamper Evident Bags:**  (Quantity prefilled by Pharmacy staff)  **Number of Eskys:**  (Quantity prefilled by Pharmacy staff)  **Number of boxes:**  (Quantity prefilled by Pharmacy staff)  **Name of Pharmacist who checked order:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Pharmacist who checked order:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name & Position Title of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Signature of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***\*If package quantities not received in full upon signing this delivery advice, contact supplying pharmacy immediately.*** |
| **Delivery From:**  [Community Pharmacy Name]  [Address of Community Pharmacy] | **Delivery To:**  [Facility Name]  [Address of facility] | **Number of Sealed Tamper Evident Bags:**  (Quantity prefilled by Pharmacy staff)  **Number of Eskys:**  (Quantity prefilled by Pharmacy staff)  **Number of boxes:**  (Quantity prefilled by Pharmacy staff)  **Name of Pharmacist who checked order:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Pharmacist who checked order:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name & Position Title of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Signature of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***\*If package quantities not received in full upon signing this delivery advice, contact supplying pharmacy immediately.*** |
| **Delivery From:**  [Community Pharmacy Name]  [Address of Community Pharmacy] | **Delivery To:**  [Facility Name]  [Address of facility] | **Number of Sealed Tamper Evident Bags:**  (Quantity prefilled by Pharmacy staff)  **Number of Eskys:**  (Quantity prefilled by Pharmacy staff)  **Number of boxes:**  (Quantity prefilled by Pharmacy staff)  **Name of Pharmacist who checked order:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Pharmacist who checked order:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name & Position Title of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Signature of Receiver:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time Received:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***\*If package quantities not received in full upon signing this delivery advice, contact supplying pharmacy immediately.*** |

*(Completed delivery advices to be sent to supplying pharmacy)*