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