PSNC Wholesaler Quota Exceeded/Direct Order Required Reporting Sheet

Pharmacy Name..... Period Covered (for example month).....

Date	Drug Name and Strength	Wholesaler(s) who's Quota was Exhausted	Relevant Notes eg. summary of time to obtain, Impact on Patient Care

Please return monthly to Katerina Owen, PSNC, 59 Buckingham St, Aylesbury. HP20 2PJ or Fax 01296 438427