## Gluten-Free Food Requirement Order Form



Patient Name	Date of Birth	
Address	Tel No.	
	Date	
	Units allowed for month	

## Please write below the items you wish to order

Manufacturer/Description	PIP Code	Unit Size	Quantity	Total Units
Glutafin Fibre Loaf Sliced	237 7356	400g	6	6
Total units				

Hand this form to your community pharmacy to place your order

If you wish to keep a copy for your records please use a spare form or ask if your pharmacist can copy it for you.

Pharmacy Use: This form should be kept in the pharmacy for 12 months