

Price List & Order form 2022-23

intelliPharm ID	
Contact Name	
Company Name	
Pharmacy Trading Name	
Address	
Post code	
Telephone number	
Fax number	
E-mail (this must be included)	
Website Address	
CCG	

Patient Satisfaction Survey Processing (please tick the required option, DOES NOT INCLUDE PADS)

Prescriptions items per month	Surveys to be processed	Price for 1 yr (ex VAT)	Price for 3 yrs (ex VAT)	Totals (ex VAT)
0 - 2000	50	£65 <input type="checkbox"/>	£155 <input type="checkbox"/>	
2001 - 4000	75	£70 <input type="checkbox"/>	£170 <input type="checkbox"/>	
4001 - 6000	100	£75 <input type="checkbox"/>	£185 <input type="checkbox"/>	
6001 - 8000	125	£80 <input type="checkbox"/>	£195 <input type="checkbox"/>	
8001 +	150	£85 <input type="checkbox"/>	£205 <input type="checkbox"/>	

Note: Processing any extra forms to those required are charged at £5 per 25

Other Items you may need for patient surveys	Cost (Ex VAT)	
Pad of printed questionnaires (in pads of 100)	£10	
Full Colour Bound report, DoH Letter and A3 poster	£15	
Practice Leaflets (see overleaf for details)		
Basic single tri-fold leaflet (printed in batches of 100)	£95	
Basic Single tri-fold leaflet in electronic format (for self printing)	£65	
	Subtotal	
	VAT @ 20%	
	Total	

BACS Payments should be sent to HSBC Bank:
 Account Name: intelliPharm Ltd
 Account Number: 31849328
 Sort Code: 40-37-15
 Please quote your pharmacy name and postcode

Signed

Print Name:

Date:

Please make all cheques payable to **intelliPharm Ltd**, and return all completed paperwork to: **intelliPharm Ltd, P.O. Box 413, Ruislip, HA4 4FF**

Head Office Details (if different from overleaf)	
Company Name	
Address	
Post code	
Telephone number	
Fax number	

Select from the list of services you wish to include in your practice leaflet. Please note that due to the amount of space available for the basic leaflet you can only select up to **SIX** services from the NHS and Other Pharmacy services, the items that are already ticked are included as standard.

NHS Services	Options
Dispense Prescriptions	<input checked="" type="checkbox"/>
Repeatable Prescriptions	<input checked="" type="checkbox"/>
Advice for Self care	<input checked="" type="checkbox"/>
Healthy Lifestyle Advice	<input checked="" type="checkbox"/>
Safe Disposal of Medicines	<input checked="" type="checkbox"/>
Discharge Medicines Service	<input checked="" type="checkbox"/>
New Medicine Service (NMS)	<input type="checkbox"/>
Stop Smoking Clinic	<input type="checkbox"/>
Emergency Hormonal Contraception Supply	<input type="checkbox"/>
Minor Ailments Clinic	<input type="checkbox"/>
Supplementary Prescriber	<input type="checkbox"/>
Out of Hours Access to Medicines	<input type="checkbox"/>
Medicines Assessment & Compliance Support	<input type="checkbox"/>
Full Clinical Medication Review	<input type="checkbox"/>
Anti-Coagulation Clinic	<input type="checkbox"/>
Supervised Administration of Prescribed Medicines	<input type="checkbox"/>
Needle & Syringe Exchange	<input type="checkbox"/>
Care Home Support	<input type="checkbox"/>

Other Pharmacy Services	Options
Repeat Collection & Delivery	<input type="checkbox"/>
Emergency Supplies	<input type="checkbox"/>
Help with Health Costs	<input type="checkbox"/>
Screening Services	<input type="checkbox"/>
Travel Advice	<input type="checkbox"/>
Lipotrim – weight management programme	<input type="checkbox"/>
Disability & Incontinence Aids Stockists	<input type="checkbox"/>
Chiropody Service	<input type="checkbox"/>
Retail Services	<input type="checkbox"/>
More information	<input checked="" type="checkbox"/>

Pharmacy Opening Hours	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please select the image you would like for your practice leaflet.



Use Your Own Image

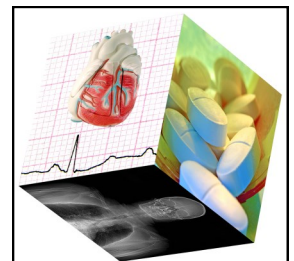
Select



Select



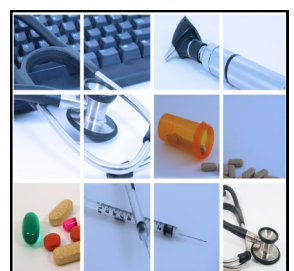
Select



Select



Select



Select