Magna Laboratories

UKAS MEDICAL 8321 Accredited to ISO 15189:2012

ztas® Zaponex Treatment Access System®

REQUEST FOR CLOZAPINE LABELS

Requested by:

Facility Name:

Address:

Town/City:

Postcode:

Telephone Number:
(It is essential to enter this number)

Signature / Date

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CLOZAPINE PATIENT LABELS REQUIRED:

Place label here | Place label here | Place label here

Place label here | Place label here | Place label here

If you don't have labels, enter details below or add more labels if required;

Patient Name/Initials	Date of birth	ZTAS PIN

PLEASE EMAIL / FAX THIS FORM TO MAGNA LABORATORIES ON 01989 763533

Should you have any queries, please contact Magna Laboratories

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