

## REQUEST FOR CLOZAPINE LABELS

**Please complete the details below to ensure you receive the patient labels you require**  
 You will receive your labels in approximately 3-4 working days.

**YOUR DETAILS FOR DELIVERY**

Contact Name:

Address:

Post Code:

Fax number:

Telephone number:

Email address:

**CLOZAPINE PATIENT LABELS REQUIRED:**

Example patient label Place required labels here or below →



Patient Name/Initials	DOB	ZTAS PIN	Consultant Psychiatrist

**PLEASE FAX THIS FORM TO MAGNA LABORATORIES ON 01989 763533**

Should you have any queries, please contact Magna Laboratories

Magna Laboratories Ltd  
 Tel 01989 763333 - Fax 01989 763533 - E-mail [info@magnalabs.co.uk](mailto:info@magnalabs.co.uk)