



EXCEPTIONAL SUPPLY FORM FOR Renagel® (Sevelamer hydrochloride)

Please put pharmacy stamp in this box

To: Genzyme Therapeutics Ltd, Customer Services

Fax: 01865 774254

E-mail: customer.services@genzyme.com

Date: _____

Pharmacy contact details

Name : _____

Direct tel no. : _____

Address (if different to stamp) : _____

We do / do not (delete as applicable) have an account with Alliance Healthcare or Sangers Belfast.

Account No. Alliance Healthcare _____ or Sangers Belfast _____

Alliance Healthcare Home Service Centre (please circle)

CH – Chessington

SW – Swansea

CR – Croydon

PR – Preston

LW – Letchworth

NW – Newcastle

HI – Hinckley

LV – Livingston

LE – Leeds

EX - Exeter

No. bottles required

I certify that I have contacted my wholesaler and I am unable to obtain supply of Renagel® from my wholesaler.

Signature of pharmacist: _____

Name (block capitals) : _____

**If you have any queries regarding your order, please call us on 01865 405316
between the hours of 9am and 5pm Monday - Friday**

For GTL use only :