Order Form

O'Kanes Pharmacy, Draperstown

O'Kanes pharmacy

Customer Details

Name: _____

Address: _____

_____

_____

Telephone: _____

Date: _____

Delivery: ☐ ☐

Collection: ☐ ☐

Loyalty Card: ☐ ☐

Email: _____

Order Details

Please Place your order in BLOCK CAPITALS

Code	Brief Product Description	Quantity	Price
		TOTAL	

O'Kane's Pharmacy
Draperstown
BT45 7AB
t - 02879628680
e - Info@okanespharmacy.com
w - www.okanes-pharmacy.com

Office Use Only

Payment Method

Cash ☐ Card ☐

Staff _____

Sign & Date on Delivery

_____

www.facebook.com/okanes.chemist
www.instagram.com/okanespharmacy
075 5521 9468