# Divided delivery (LU)

Order from pharmacy

Fill in all the information below and email it to Tamro no later than 15 working days before the desired start of the service.

|  |  |
| --- | --- |
| PHARMACY'S INFORMATION |  |
| **Pharmacy name** | **Pharmacy customer number** |
| **Contact person** | **Organization number** |
| **Telephone number of contact person** | **GLN – code (existing)** |

|  |  |
| --- | --- |
| DIVIDED DELIVERY | |
| **Reference on invoice** | **New GLN-code for divided delivery** |
| **Planned start day of the service** | |

|  |  |
| --- | --- |
| FILLED IN BY TAMRO | |
| **Customer number** | **Route number** |

## Further questions? Please contact Tamro’s customer service.

**Phone:** 0771-15 00 10  
**E-mail:** kundservice@tamro.com