



# Order form

by Fax: +49 89/54 34 32-77

pages (total) \_\_\_\_\_

address for invoice

address for shipping (only if different)

name, first name

name, first name

street, no. – or customer number

street, no.

postal code, city, country

postal code, city, country

telephone (mandatory information for advice and inquiries acc. ApBetrO)

email address (for shipping notification)

## Payment:

☐ Payment by credit card: \_\_\_\_\_  
number of card validity (expiry date)

or: ☐ Credit card number is already submitted to Klösterl-Apotheke

quantity	article / strength (possibly producer)	dosage form	packing size	PZN (if available)

I add \_\_\_\_\_ medical prescriptions and order these medicines in addition.

## Privacy information:

I have taken note of the privacy policy (available at [www.kloesterl-apotheke.de](http://www.kloesterl-apotheke.de)) and agree that Klösterl-Apotheke collects and processes the address and health data communicated by me, as far as this is necessary for the establishment and implementation of the contractual relationship. When ordering medicines by prescription, I agree, as far as necessary, with the transfer of the communicated health data to my health insurance.

Place, date

Signature

(by signing this form I confirm that I buy the above mentioned products – by law, medicinal products are excluded from exchange)

**Klösterl-Apotheke**  
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