

PC P _____
UN mp _____

Info Sheet Pharmacy Provider

Information About The Pharmacy

Pharmacy Name _____ founded in _____
اسم الصيدلية باللغة العربية _____

NSSF Registration No _____ Date -- / -- / ---

Ministry of Health License No _____ Date -- / -- / ---

Address

Country _____

Region _____

City _____

Area _____

Street _____

Building _____

Owner _____

Well known surroundings (e.g. Facing Bank X, Near Hospital Y, ...)

Please sketch a Draft Map in the space below to facilitate the access to your pharmacy
(See the example map given on the last page) :

Contact Details

Telephone _____

Mobile _____

Fax _____

P.O. Box _____

Website *http://* _____

E-Mail _____

Opening Hours

Does the pharmacy open 24/24 hours? Yes No

If No

The pharmacy opens at _____ am till _____ pm

Lunch break Yes from _____ till _____ No

Other Info

How many employees work in the pharmacy other than the pharmacist? _____

Is there another pharmacist available for opening at night?

Yes No

If yes, please provide his/ her name _____

Do you prepare prescriptions in your pharmacy (compounding)?

Yes No

Does the pharmacy sell cosmetics & beauty care products (Lipsticks, makeup, ...)?

Yes No

How do you describe the variety of paramedicals (shampoos, dentifrices, ...) available in your pharmacy? Limited Moderate Large

Does the pharmacy include a baby care products section?

Yes No

Does the pharmacy include a veterinary section?

Yes No

Is the pharmacy currently involved in contracts with parties other than MedNet?

(e.g. Electricity companies, Internal security forces, ...) Yes No

If yes, kindly name them _____

Technical Information- Contr'n'd

Do you have a Barcode reader? Yes No
Do you have a Credit Card reader? Yes No
Do you accept any of these cards at your pharmacy?
Visa Master American Express Link
Others (please specify) _____

Name of the bank you deal with _____
Branch _____
Account Name _____
Account No _____

Let's hear from you....

Do you recommend a friend / relative's pharmacy to join MedNet Network?
Yes No
If yes, Please mention the Pharmacy Name _____
Pharmacist Name _____ Phone (0 __) _____
Address _____
Other Information you like to add

Your suggestion / Complaints

By signing this form I hereby certify that the information contained in it is true and accurate.

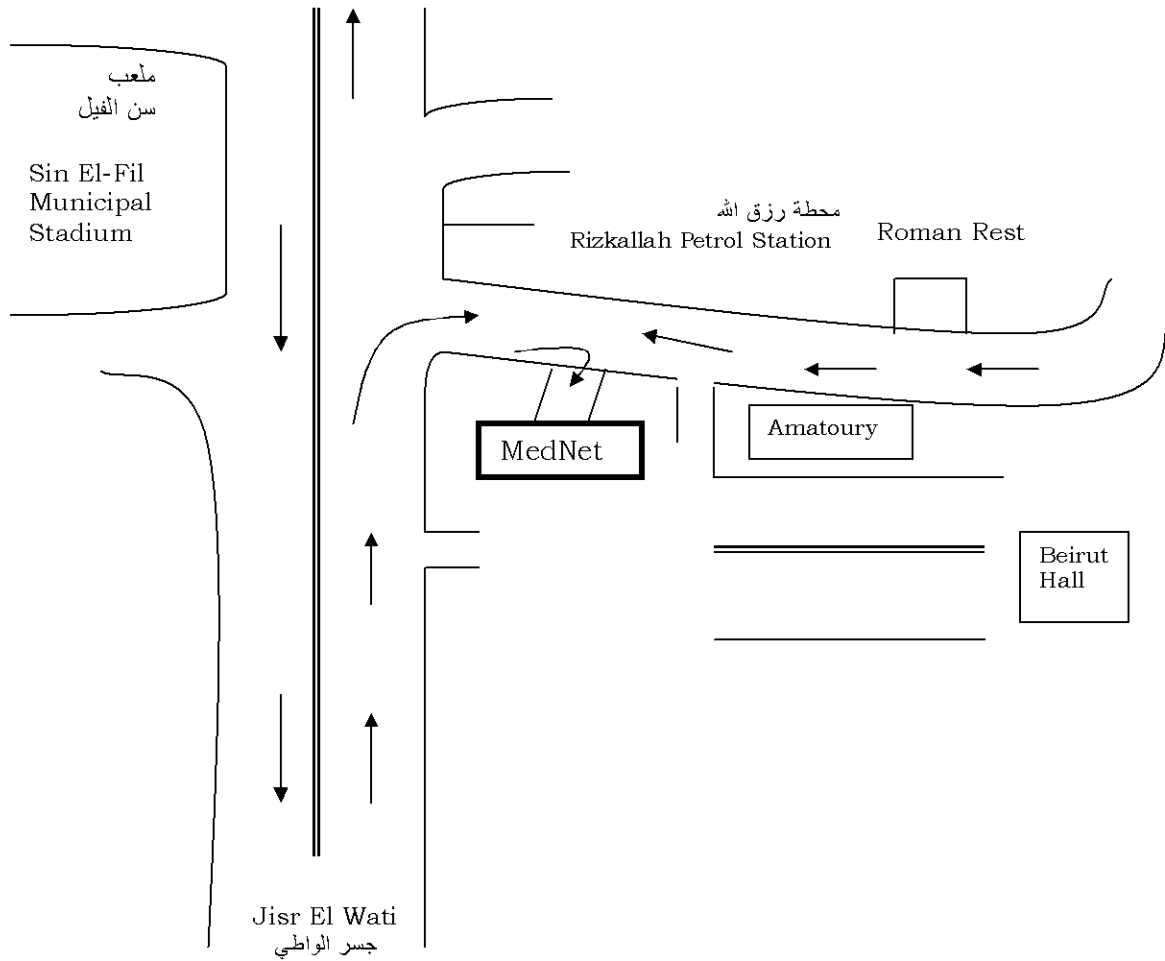
<u>Name</u>	<u>Signature & Stamp</u>	<u>Date</u>

المطلوب للانضمام الى شبكة الصيدليات المنتسبة الى نظام مدنت

- ١- تعبئة انموذج (Information Sheet) المتوفر لدى شركة مدنت لبنان.
- ٢- صورة عن لجازة فتح واستثمار الصيدلية.
- ٣- صورة عن اذن معاطاة مهنة الصيدلية في لبنان.
- ٤- صورة عن الشهادة الجامعية.
- ٥- صورة عن افادة الانتساب الى نقابة صيادلة لبنان.
- ٦- Computer, modem & printer.
- ٧- (Win 98 or higher) + (Internet Explorer V.5.0 or higher).

لمزيد من الاستيضاح، يرجى الاتصال بالـ Help Desk: ٤٨٥٠١١ - ٠١

Hayeck Round about مستديرة الحايك



An example Map Showing how to reach MedNet Headquarter in Sin El Fil