



Bayer Healthcare/PSUK

Dispensing Doctor Discount Scheme

I wish to sign up to the... Bayer Diabetes MDS Bayer Oral Contraceptives MDS

Wholesaler Name: **PHOENIX**

Discount to begin first of:

This is to confirm permission for the above wholesaler to provide data to the manufacturer on the sales of their products to the medical practice named below. This data will be provided monthly and will only be used for the operation and monitoring of the discount scheme and for internal market research purposes.

Wholesaler Account no(s):

Signed:

Print Name:

On Behalf of Practice Stamp:

I would like to be contacted by telephone/SMS and/or e-mail with special promotional offers and updates. Yes No

Name (please print):

Best time/day to call me:

Phone Number &/or e-mail address:

Date: