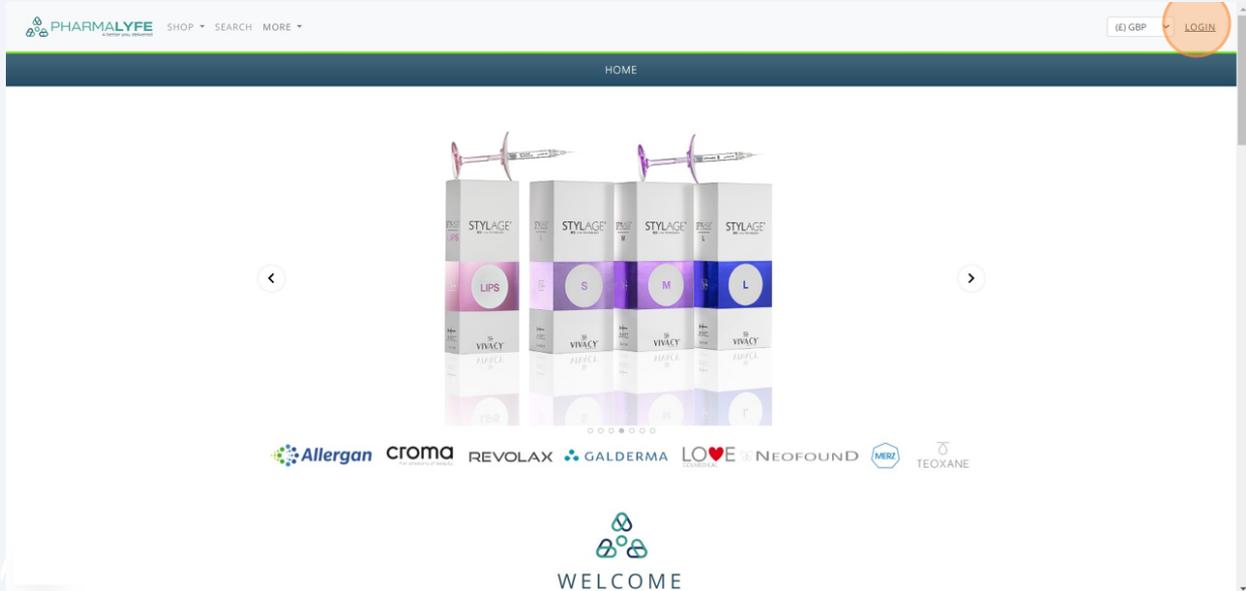


# How to place an order for prescription items as a prescriber

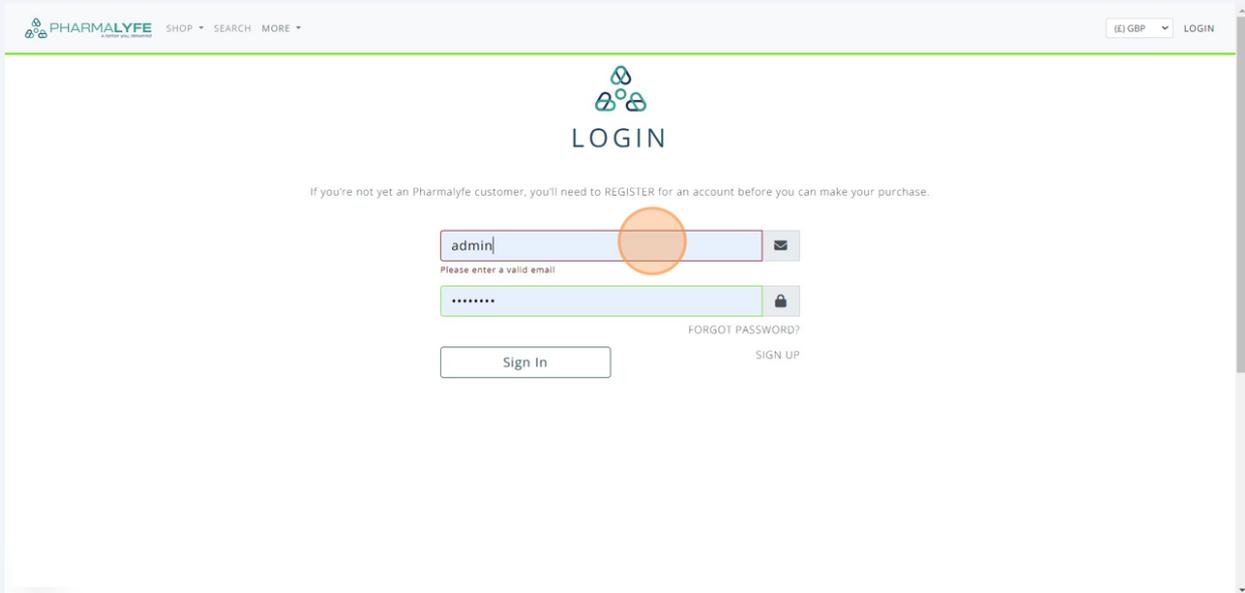
1 Navigate to [www.pharmalyfe.com](http://www.pharmalyfe.com)

2 Click "LOGIN" to sign in



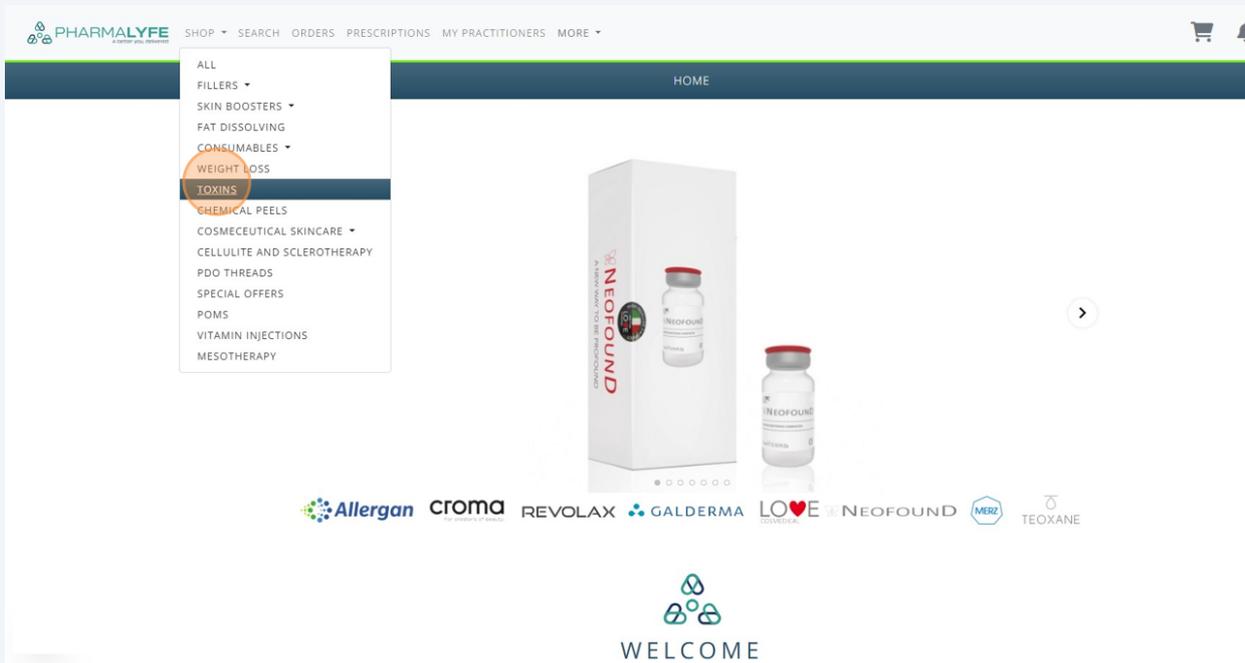
3

Enter log in details. Click forgot password to reset password. Click "sign up" to create a new account



4

Add all required items to basket



5 Add the required quantity of each item required

disorders

ADDITIONAL INFORMATION

null

**THIS ITEM REQUIRES A PRESCRIPTION FROM A REGISTERED PRACTITIONER BEFORE IT CAN BE DISPATCHED. ORDERS PLACED FOR THIS ITEM WILL NOT BE PROCESSED ONCE THE PRESCRIPTION HAS BEEN RECEIVED.**

[Add](#)

Pharmalyfe Ltd [Address](#)

6 Click "basket" to view all items in basket

PHARMALYFE SHOP SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE

SHOP

FILLERS  
Fillers

SKIN BOOSTERS  
Skin Boosters

FAT DISSOLVING  
Fat Dissolving

Product Added to Cart

7

## Check basket and the Click "Proceed to Checkout"

PHARMALYFE SHOP ▾ SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE ▾

CART

Action	Image	Name	Type	Price	Quantity	Subtotal	VAT	Total
		Allergan Botox 100iu	PRESCRIPTION	£150.00	- 5 +	£750.00	£0.00	£750.00
		Azzalure (2 x 125iu)	PRESCRIPTION	£132.00	- 3 +	£396.00	£0.00	£396.00

Clear Cart

Savings: £0.00 VAT: £0.00 Cart Total: £1,146.00

Continue Shopping Proceed to Checkout

8

## Select patient. If no patients are added yet, click "ADD NEW" to create a new patient.

PHARMALYFE SHOP ▾ SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE ▾

CHECKOUT

**ORDER REQUIRES PRESCRIPTION**

PRESCRIPTION

Select Patient **OR ADD NEW**

Choose a Patient ▾

Prescription Item List

Product	Unallocated	Quantity
Allergan Botox 100iu	5	- 0 +
Azzalure (2 x 125iu)	3	- 0 +

+ ADD ANOTHER PRESCRIPTION Continue

**ORDER SUMMARY**

ALLERGAN BOTOX 100IU x 5 £750.00

AZZALURE (2 X 125IU) x 3 £396.00

**Cart Total** **£1,146.00**  
(Includes £0.00 VAT)

Prescription Items 2

Delivery charges

Order Total

I have read and agree to the website terms and conditions

Place Order

DELIVERY >

BILLING >

SHIPPING >

PAYMENT >

ORDER NOTE >

9

Assign required items to patient but increasing the quantity. The unallocated items list will decrease accordingly as items are assigned to the patients.

NB all items must be fully assigned to the necessary patients in order to complete the checkout process. Multiple patients can be added in one transaction and the necessary items assigned to them.

ALYFE SHOP SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE

CHECKOUT

**ORDER REQUIRES PRESCRIPTION**

PRESCRIPTION

Select Patient OR ADD NEW OR UPDATE

Test Test ✓

Prescription Item List

Product	Unallocated	Quantity
Allergan Botox 100iu	5	0 +
Azzalure (2 x 125iu)	3	0 +

+ ADD ANOTHER PRESCRIPTION

Continue

**ORDER SUMMARY**

ALLERGAN BOTOX 100IU x 5 £750.00

AZZALURE (2 X 125IU) x 3 £396.00

**Cart Total** £1,146.00 (includes £0.00 VAT)

Prescription Items 2

Delivery charges

**Order Total**

I have read and agree to the website terms and conditions

Place Order

DELIVERY >

BILLING >

SHIPPING >

PAYMENT >

ORDER NOTE >

10

Click "ADD ANOTHER PRESCRIPTION" to select another patient and to create another prescription. This process can be repeated as many times as necessary.

**ORDER REQUIRES PRESCRIPTION**

PRESCRIPTION

Select Patient OR ADD NEW OR UPDATE

Test Test ✓

Prescription Item List

Product	Unallocated	Quantity
Allergan Botox 100iu	3	2 +
Azzalure (2 x 125iu)	3	0 +

+ ADD ANOTHER PRESCRIPTION

Continue

**ORDER SUMMARY**

ALLERGAN BOTOX 100IU

AZZALURE (2 X 125IU)

**Cart Total** (inclu)

Prescription Items

Delivery charges

**Order Total**

I have read and agree to terms and conditions

Place Ord

DELIVERY >

BILLING >

SHIPPING >

PAYMENT >

ORDER NOTE >

11

Once all items have been allocated accordingly, Unallocated section will go down to zero for all items showing that there are no more items in the basket to be allocated. Click "CONTINUE" to complete the checkout process.

The screenshot shows a modal window titled "PRESCRIPTION" with a close button (X). Below the title, it says "Select Patient OR ADD NEW OR UPDATE" and shows a dropdown menu with "Test Test 1" selected and a green checkmark. Underneath is a "Prescription Item List" table:

Product	Unallocated	Quantity
Allergan Botox 100iu	0	- 0 +
Azzalure (2 x 125iu)	0	- 3 +

At the bottom of the modal, there is a "+ ADD ANOTHER PRESCRIPTION" link and a "Continue" button. Below the modal, a sidebar menu shows "DELIVERY", "BILLING", "SHIPPING", and "PAYMENT" with right-pointing chevrons.

12

Choose delivery option

The screenshot shows the checkout page for PHARMALYFE. The top navigation bar includes "SHOP", "SEARCH", "ORDERS", "PRESCRIPTIONS", "MY PRACTITIONERS", and "MORE". The page title is "CHECKOUT".

The main content area is divided into two columns. The left column is titled "ORDER REQUIRES PRESCRIPTION" and contains a "DELIVERY" section with a dropdown menu labeled "Choose a delivery option" and a "Continue" button. Below this are links for "BILLING", "SHIPPING", "PAYMENT", and "ORDER NOTE".

The right column is titled "ORDER SUMMARY" and lists the items in the cart:

Item	Quantity	Price
ALLERGAN BOTOX 100IU	x 5	£750.00
AZZALURE (2 X 125IU)	x 3	£396.00
<b>Cart Total</b>		<b>£1,146.00</b> (Includes £0.00 VAT)

Below the summary, it shows "Prescription Items: 2", "Delivery charges", and "Order Total". At the bottom right, there is a checkbox for "I have read and agree to the website terms and conditions" and a "Place Order" button.

A green notification bar at the bottom right says "✓ Prescription Details A".

## 13 Complete billing details

JALYFE SHOP SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE

ORDER REQUIRES PRESCRIPTION

**DELIVERY**

**BILLING**

First Name \*  
Test

Last Name \*  
Prescriber

Email \*  
ramzan.javed88@gmail.com

Contact Number \*  
07777777777

Street \*  
1 Test Street

City \*  
Test

Postcode \*  
Test

County  
County

Country \*  
United Kingdom

**ORDER SUMMARY**

ALLERGAN BOTOX 100IU	x 5	£750.00
AZZALURE (2 X 125IU)	x 3	£396.00
<b>Cart Total</b>		<b>£1,146.00</b> <small>(includes £0.00 VAT)</small>
<b>Prescription Items</b>		<b>2</b>
<b>Delivery charges</b>		<b>£7.00</b>
<b>Order Total</b>		<b>£1,153.00</b>

I have read and agree to the website terms and conditions

**Place Order**

**Continue**

**SHIPPING**

**PAYMENT**

**ORDER NOTE**

✓ Delivery Details Added Successfully

## 14 Complete delivery details

SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE

ORDER REQUIRES PRESCRIPTION

**DELIVERY**

**BILLING**

**SHIPPING**

Same as Billing Address

**ORDER SUMMARY**

ALLERGAN BOTOX 100IU	x 5	£750.00
AZZALURE (2 X 125IU)	x 3	£396.00
<b>Cart Total</b>		<b>£1,146.00</b> <small>(includes £0.00 VAT)</small>
<b>Prescription Items</b>		<b>2</b>
<b>Delivery charges</b>		<b>£7.00</b>
<b>Order Total</b>		<b>£1,153.00</b>

I have read and agree to the website terms and conditions

**Place Order**

**Continue**

**PAYMENT**

**ORDER NOTE**

## 15 Choose payment option

The screenshot shows the Pharmalyfe checkout page. The navigation bar includes the logo, 'SHOP', 'SEARCH', 'ORDERS', 'PRESCRIPTIONS', 'MY PRACTITIONERS', and 'MORE'. The main content area is divided into two columns. The left column, titled 'ORDER REQUIRES PRESCRIPTION', contains expandable sections for 'DELIVERY', 'BILLING', 'SHIPPING', 'PAYMENT', and 'ORDER NOTE'. The 'PAYMENT' section is expanded, showing two radio button options: 'WorldPay' and 'Bank Transfer'. An orange circle highlights the 'WorldPay' option. A 'Continue' button is located at the bottom right of the payment section. The right column, titled 'ORDER SUMMARY', lists items: 'ALLERGAN BOTOX 100IU' (x 5, £750.00) and 'AZZALURE (2 X 125IU)' (x 3, £396.00). It also shows a 'Cart Total' of £1,146.00 (including £0.00 VAT), 'Prescription Items' of 2, 'Delivery charges' of £7.00, and an 'Order Total' of £1,153.00. Below the summary is a checkbox for 'I have read and agree to the website terms and conditions' and a 'Place Order' button. A green notification bar at the bottom right says 'Shipping Details A'.

## 16 Click "I have read and agree to the website terms and conditions" field.

This screenshot is a closer view of the checkout page. The left column shows the 'ORDER REQUIRES PRESCRIPTION' section with a text input field labeled 'Additional order information?'. The right column shows the 'ORDER SUMMARY' with the same item list and totals as in the previous screenshot. The checkbox for 'I have read and agree to the website terms and conditions' is highlighted with an orange circle. The 'Place Order' button is also visible.

## 17 Click "Place Order"

	<b>Delivery charges</b>	<b>£7.00</b>
	<b>Order Total</b>	<b>£1,153.00</b>

I have read and agree to the website terms and conditions



## 18 Order placed successfully.

All prescriptions will be automatically generated. To view the prescriptions, click the "RX icon" in the top right hand corner.

FE SHOP ▾ SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE ▾

CHECKOUT

### ORDER PLACED SUCCESSFULLY

Thank you for shopping with us!  
Your order number is **ECHO-368**.

Please note that if your order requires prescription, it will first get signed by the Prescriber and then we will start processing it.  
Click [HERE](#) to continue shopping.



19 Click on the patient's name to view the prescription details

MOORE ▾

CHECKOUT

TEST TEST JUST NOW  
PRESCRIPTION DATE: 21/01/2024  
PRACTITIONER TEST PRESCRIBER

TEST TEST 1 JUST NOW  
PRESCRIPTION DATE: 21/01/2024  
PRACTITIONER TEST PRESCRIBER

TEST TEST 1 JUST NOW  
PRESCRIPTION DATE: 21/01/2024  
PRACTITIONER TEST PRESCRIBER

TEST TEST 1 MONTH AGO  
PRESCRIPTION DATE: 13/12/2023  
PRACTITIONER TEST PRESCRIBER

TEST TEST 1 3 MONTHS AGO  
PRESCRIPTION DATE: 15/10/2023  
PRACTITIONER TEST PRESCRIBER

[VIEW ALL UNSIGNED PRESCRIPTIONS](#)

# PLACED SUCCESSFULLY

Thank you for shopping with us!

Your order number is **ECHO-368**.

Prescription, it will first get signed by the Prescriber and then we will start processing it.

[Click HERE](#) to continue shopping.

20 Add directions

UNSIGNED !

Prescription Date: 21/01/2024 Prescription Created At: 21/01/2024

Practitioner: Test Prescriber Prescriber: Test Prescriber

Patient: Test Test

Product	Quantity	Directions	Actions
Allergan Botox 100iu	2	Specify usage directions	<a href="#">Substitute</a>

Comments

Add prescription comments

[Reject](#) [Verify](#)

## 21 Click "Verify"

UNSIGNED !

Prescription Created At  
21/01/2024

Prescriber  
Test Prescriber

Product	Quantity	Directions	Actions
00iu	2	as directed	Substitute

Comments

Reject Verify

## 22 Click "View Prescription"

FE SHOP SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE

PRESCRIPTION

UNSIGNED !

Prescription Date  
21/01/2024

Prescription Created At  
21/01/2024

Practitioner  
Test Prescriber

Prescriber  
Test Prescriber

Patient  
Test Test

Product	Quantity	Directions	Actions
Allergan Botox 100iu	2	as directed	

Comments  
Add prescription comments

View Prescription

✓ Prescription Verified!

23

Sign the prescription and Click the "I confirm that I am authorised to accept the terms of this document" field.



**PRIVATE PRESCRIPTION**

Patient Details		Prescriber Details	
Name: Test Test		Name: Test Prescriber	
D.O.B: 1993-09-28		Address: 1 Test Street	
Address: Test		Postcode: Test	
Postcode: Test		GMC/GDC/GPHC/NMC NO: 111111	

**PRESCRIPTION DETAILS**

Quantity	Item	Pack Size	Directions
2	Allergan Botox 100iu	null	as directed

Delivery Details:  Patient  Prescriber  Other (specify below)  
As per address on order

I can confirm that the above named patient on this prescription has consented for the items on this prescription to be delivered to the address provided above and the items on this prescription are only for the named patient.

I can confirm that the patient has nominated Pharmalyfe as their pharmacy for dispensing this prescription issued by me as the prescriber and the patient has consented to share their personal details (as stated on this prescription) to Pharmalyfe as part of the GDPR/Data Protection Act.

I can confirm that a face-to-face consultation with the patient has been completed and appropriate clinical oversight is being carried out for the patient's treatment plan.

I can confirm that if I have considered it appropriate for an associated practitioner to administer this prescription to my patient, under my direction, the named practitioner has been appropriately trained and insured, and I consider the said practitioner to be professionally competent.

I can confirm that I am fully aware of and accept clinical, professional and legal responsibility for prescribing

Sign Here:



Undo

Clear

I confirm that I am authorised to accept the terms of this document

I understand that accepting the terms of this document creates a legally binding obligation

24

Click the "I understand that accepting the terms of this document creates a legally binding obligation" field.



**PRIVATE PRESCRIPTION**

Patient Details		Prescriber Details	
Name: Test Test		Name: Test Prescriber	
D.O.B: 1993-09-28		Address: 1 Test Street	
Address: Test		Postcode: Test	
Postcode: Test		GMC/GDC/GPHC/NMC NO: 111111	

**PRESCRIPTION DETAILS**

Quantity	Item	Pack Size	Directions
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I can confirm that a face-to-face consultation with the patient has been completed and appropriate clinical oversight is being carried out for the patient's treatment plan.

I can confirm that if I have considered it appropriate for an associated practitioner to administer this prescription to my patient, under my direction, the named practitioner has been appropriately trained and insured, and I consider the said practitioner to be professionally competent.

I can confirm that I am fully aware of and accept clinical, professional and legal responsibility for prescribing outside the licensed indications of any of the prescribed products, wherever applicable.

I agree to adhere to the rules set out by all regulatory bodies such as the GPHC, MHRA, HMRC and all other

Sign Here:



Undo

Clear

I confirm that I am authorised to accept the terms of this document

I understand that accepting the terms of this document creates a legally binding obligation



27 Click "PRESCRIPTIONS" on the top bar to view all prescriptions and their status

HARMALYFE A better you, delivered SHOP ▾ SEARCH ORDERS PRESCRIPTIONS MY PRACTITIONERS MORE ▾

PRESC

UNSIG

**You have signed the prescription but to complete the verification process an link. Click on the link provided in the email to confirm your signature. If you continue.**

Prescription Date

21/01/2024

Practitioner

28 The prescriptions tab shows all prescriptions and their status.

PRESCRIPTIONS

Patient	Practitioner	Prescriber	Date	Status
Test Test 1	Test Prescriber	Test Prescriber	21/01/2024	Unsigned
Test Test 1	Test Prescriber	Test Prescriber	21/01/2024	Unsigned
Test Test	Test Prescriber	Test Prescriber	21/01/2024	Signed
Test Test 1	Test Prescriber	Test Prescriber	21/01/2024	Signed
Test Test	Test Prescriber	Test Prescriber	21/01/2024	Signed
Test Patient	Practitioner Test	Test Prescriber	18/12/2023	Signed
Test Patient	Practitioner Test	Test Prescriber	18/12/2023	Signed
Test Test	Test Prescriber	Test Prescriber	13/12/2023	Unsigned
Test Patient	Practitioner Test	Test Prescriber	29/10/2023	Signed
Test Test 1	Test Prescriber	Test Prescriber	15/10/2023	Unsigned

29

All prescriptions can be viewed. Any outstanding prescriptions can be accessed and signed from this tab as well.

PRESCRIPTION

SIGNED ✓

Prescription Date: 21/01/2024  
 Prescription Created At: 21/01/2024

Practitioner: Test Prescriber  
 Prescriber: Test Prescriber

Patient: Test Test

Product	Quantity	Directions	Actions
Allergan Botox 100iu	2	as directed	

Comments: Add prescription comments

[View Prescription](#)

30

Completed prescription

VIEW PRESCRIPTION

Prescription-932.pdf | 1 / 2 | 80% | [Zoom controls]

**PHARMALYFE**  
A PHARMACY WITH A DIFFERENCE

**PRIVATE PRESCRIPTION**

Patient Details		Prescriber Details	
Name:	Test Test	Name:	Test Prescriber
D.O.B:	1993-09-28	Address:	1 Test Street
Address:	Test	Postcode:	Test
Postcode:	Test	GMC/GDC/GPHC/NMC NO.:	111111

**PRESCRIPTION DETAILS**

Quantity	Item	Pack Size	Directions
2	Allergan Botox 100iu	null	as directed

Delivery Details:  Patient  Prescriber  Other (specify below)

As per address on order

I can confirm that the above named patient on this prescription has consented for the items on this prescription to be delivered to the address provided above and the items on this prescription are only for the named patient.

I can confirm that the patient has nominated Pharmalyfe as their pharmacy for dispensing this prescription issued by me as the prescriber and the patient has consented to share their personal details (as stated on this prescription) to Pharmalyfe as part of the GDPR/Data Protection Act.

I can confirm that a face-to-face consultation with the patient has been completed and appropriate clinical oversight is being carried out for the patient's treatment plan.

I can confirm that if I have considered it appropriate for an associated practitioner to administer this prescription to my patient, under my direction, the named practitioner has been appropriately trained and insured, and I consider the said practitioner to be professionally competent.