

Caringbah Compounding Pharmacy

Prescription Order Form

PERSONAL/PATIENT DETAILS

Title _____ First Name _____ Last Name _____

D.O.B _____ Weight (kg) _____

Postal Address _____

_____ State _____ Postcode _____

Home Ph. _____ Mobile _____

Email _____

Existing Customer

New Customer

PAYMENT DETAILS

I will pay upon collection from pharmacy

please charge my credit card and send to my postal address

Visa MasterCard

Credit Card No. _____/_____/_____/_____ Expiry _____/_____

CCV _____

Cardholders Name _____

Signature _____ Date _____

CHOOSE YOUR FLAVOUR – If ordering TROCHE or MIXTURE

Banana Strawberry / Colour Free Strawberry Chocolate Grape / Colour Free Grape Vanilla

Bubble Gum Apple Cotton Candy Peppermint Raspberry Butterscotch Marshmallow

Watermelon Orange Tangerine Tutti Frutti

PREFERRED PACKAGING – If ordering CREAM

EMP Jar

Dosing Pump

SPECIAL INSTRUCTIONS/REQUESTS

Please note that prescriptions may be faxed to us so that we can start compounding your medication and save you time. However by law, original script must be sent to our postal address.

Repeat prescriptions will be stored in your file and can be ordered anytime by phone, fax or email. The label on your medication will indicate the number of repeats left on your prescription.

Phone (02) 9524 6795

FAX: (02) 9531 4836

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Email caringbah@discountdrugstores.com.au