



Date:

THIRD PARTY PHARMACY - ORDER FORM

FIRST NAME: _____ SURNAME: _____

MOBILE PHONE: _____ EMAIL: _____

NUMBER OF COMPOUNDING ITEM(S) REQUIRED:

TROCHE FLAVOUR (Please Circle):

Aniseed	Banana	Butterscotch	Caramel	Lime
Kahlua	Lemon/Lime	Orange	Marshmallow	Lemon
Chocolate	Tutti-Frutti	Pina Colada	Crème de Menthe	Bubble-gum
Peppermint	Strawberry	Raspberry	Spearmint	Vanilla

ORDERING CHECKLIST:

- ✓ Script is being email or faxed to 07 5530 6677
- ✓ Script is being posted (free postage): **National Custom
Reply Paid 86714
MERRIMAC QLD 4226**

**All prescriptions will be kept on file unless advised to ensure patients visit your pharmacy first before ordering.*

**If you would like repeats returned, please attach a note to the original prescription.*

NOTES: _____

PHARMACY NAME: _____ TEAM MEMBER: _____

- URGENCY OF DELIVERY:
- LOW** Delivery in 3 to 5 Days
 - NORMAL** Delivery in 2 to 4 Days
 - URGENT** Delivery within 1 to 2 Days*

** Please check with us before selecting URGENT.
Some couriers do not guarantee delivery times.*

PHARMACY STAMP

Please click EMAIL below or FAX to 55306677

