



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

*\*All prescriptions will be kept on file 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.*

**PLEASE FAX COMPLETED FORM TO 07 5530 6677**

