

## COMPOUND MEDICINE REQUEST FORM

Please Tick One:

- New customer       Existing customer

CONTACT INFORMATION	SHIPPING ADDRESS (If different from contact)
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Tel: _____ Mob: _____	Tel: _____ Mob: _____
Email: _____	Email: _____

**If you are ordering a troche/mixture/suspension, please pick your preferred flavour:**

- Banana Creme     Butterscotch     Caramel     Chocolate     Lemon     Lemon-Lime  
 Marshmallow     Peppermint     Pina-Colada     Raspberry     Strawberry     Tangerine  
 Tropical Punch     Tutti-Frutti     Vanilla     Watermelon

**PAYMENT OPTIONS** (Please tick one)

- Please give me a quote
- I will pay on collection and will bring my valid original prescription with me
- Please post my compound medication and charge my credit card after you receive the original prescription (Postage fee applies)

**CREDIT CARD DETAILS**

- Visa       Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

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To order, simply fax this form to **02 4631 2100** or email to: **info@appinpharmacy.com.au**

**\*IMPORTANT:** We cannot send the compound until we have received the original prescription. This is a legal requirement. Send the original prescription by Post or drop in: Shop 2/75 APPIN RD, APPIN, NEW SOUTH WALES 2560. Thank you for choosing Appin Compounding Pharmacy. If you need help call us on **02 4631 1488**