

PHARMACY REQUEST FORM FOR COMPOUNDED MEDICINES



compoundlabs
Healthcare uniquely you

Complete order form and email it to us at orders@compoundlabs.co.nz with a copy of a legally complete prescription

Requesting Pharmacy Name: _____

Delivery Address: _____

Contact Phone Number: _____

Email Contact: _____

MEDICATION	PATIENT NAME	SCRIPT ATTACHED - circle one option	QUANTITY REQUIRED - circle one option	QUOTE REQUIRED BEFORE PROCESSING* - circle one option
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No
		Yes No	Stat 1 st mth 2 nd 3 rd	Yes No

* Quote is valid for 1 month from date of quoting. Commonly compounded items are priced as per our list. Please contact us for a current list. Other items will be quoted on individual basis.

- Conditions of Supply**
1. Compounded prescription, restricted and pharmacy only medicines will be supplied by CompoundLabs under Regulation 44 of the Medicines Regulations 1984 and section 26(3)(a) of the Medicines Act 1981.
 2. A copy of the prescription must be faxed for each medicine requested. We do **not** require the original.
 3. The requesting Pharmacy is responsible for packaging, labelling, and counselling to the patient.
 4. The requesting Pharmacy is responsible for their own record keeping and reporting requirements.
 5. Delivery fee and other charges may apply. Please request a quote for a confirmed final cost prior to placing order.
 6. No returns will be accepted.

I hereby request CompoundLabs to compound the medicines listed, for which I hold a valid original prescription.

Requesting Pharmacist's Name: _____

Pharmacist's Signature: _____ Date: _____

Please note that an incomplete order form or prescription may result in delays with processing the order

Call +64 9 442 1727 to speak to one of our pharmacists

62C Diana Drive, Wairau Valley, North Shore 0627, PO Box 101-142, North Shore Mail Centre 0745, Auckland, New Zealand
Ph: 64 9 442 1727 Fax: 64 9 442 5851 Email: info@compoundlabs.co.nz Website: www.compoundlabs.co.nz
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