

# CREATIVE MEDICINE PHARMACY

## COMPOUNDED PRESCRIPTION

### Practitioner Details

Clinic Name	Clinic Number	
Practitioner Name	Fax Number	
Practitioner Email		
Clinic Address		
Suburb	Postcode	State
Practitioner Type: (e.g Integrative doctor, Naturopath)		
Prescriber/Registration Number		

### Patient Details

Name	Contact Number	
Home Address		
Suburb	Postcode	State
Allergies		
Date of Birth	Weight	

### Medications

Please specify: Product name and its ingredient/s, medication form e.g capsules/cream, strength, quantity or treatment duration, directions and repeats. Prescriptions are valid for 1 year.

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### Additional Info:

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Practitioner Signature

Date