

CREATIVE MEDICINE PHARMACY

ORDER FORM

Patient Details

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

Products	Quantity required

Additional Info:

Flavour, if applicable

I would like: (Please select one)

Raspberry	Strawberry	Spearmint	Vanilla	Chocolate	Lemon	Lime
Aniseed	Orange	Peppermint	Aniseed	Caramel		Banana
Coconut	Apricot					

Order Information

I would like my order to be: (Please select one)

Collected at the Pharmacy:

a/ Fax or Email CLEAR images of ALL copies of the prescription AND the order form.

b/ The original prescription must be brought in to pick up your medication.

Express Posted: <500g : \$10.10 >500g : \$13.50

a/ Fax or Email CLEAR images of ALL copies of the prescription AND the order form.

b/ Immediately mail the original prescription. Upon receipt of the prescription and payment, your medication will be sent to you. Repeats will be filed for re-order, unless specified otherwise.

Please send to my: (Please select one) Home Address Postal Address

Postal Address

Suburb Postcode State

Special Delivery Instructions

Payment Options

Please process payment via: (Please select one)

Cheque Pay in store

Visa/Master Card/ Amex: ___/___/___/___ Expiry ___/___

EFT (Account Name: Creative Medicine Pharmacy BSB: 083 170 Account number: 895 4604 61)

**Please note: Products can only be sent when funds clear*