



PATIENT - HOME DELIVERY APPLICATION FORM

Please send the original prescription to **85 Argus Street, Cheltenham, VIC 3192**

Today's date: / /		NB: Please provide all contact details for delivery purposes	
PERSONAL INFORMATION			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Prof Other:		Prescription First Name	Middle Surname
Birth date: / /	Age:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Delivery to street address:		Mobile telephone:	Home phone: ()
City:	State:	Post Code:	
E-mail:			
Medicare card number (to process prescription):		Entitlement card number (if applicable):	
Please include the number appearing in front of patient's name.			
Expiry: / /		Expiry: / /	
Who can we contact about delivery (if different):		Tel:	Email:
Special delivery instructions:			
<p>Combine and Save Account – Place your <u>prescription order</u> and <u>food order</u> at the same time and receive FREE shipping for your Low Protein Food or Ketovie Café Foods.</p> <p>Would you like an account on our website to order Low Protein Food or Ketovie Café Foods? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
YOUR PRESCRIBER (DOCTOR'S OR DIETITIAN'S) INFORMATION			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Prof Other:		First Name:	Surname:
Hospital:		Contact telephone:	
CREDIT CARD DETAILS			
Name:			
Credit card number:		Expiry: /	CCV (security code):
PAYMENT AUTHORISATION			
I authorise Cortex Health to retain my prescription repeats and to provide my details to their nominated pharmacy for the purposes of dispensing my prescription and deducting any copayment required for each prescription from my credit card.			
_____		_____	
Signature		Date	

PLEASE NOTE: Your ORIGINAL PRESCRIPTION must be sent with this application

Cortex Health will retain the customer's prescription repeats to allow for efficient processing and delivery.
All personal information collected will be securely stored in accordance with the Privacy Act 1988 (Cth). To view your records or for further information please contact CORTEX Health Pty Ltd, 85 Argus Street, Cheltenham, VIC 3192 or call 1800 367 758 or fax 1800 678 713.