

Prescription Request Form **Today's Date:** _____

PAYMENT of \$20 is required at the time of ordering
EFTPOS minimum transaction \$20 – In some instance an appointment may be required.

Patient's Name: _____

Contact Number: _____

Date of Birth: _____

Residential Address: _____
(Not PO Box)

Regular Doctor Attended: _____

| Medication Requested | Dose/Strength | Taken How Often? |
|----------------------|---------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Allergies: _____

Requests MUST be placed PRIOR to close of business Wednesday.

Prescriptions are ready for COLLECTION after 3pm on Thursday.

Authority prescriptions are available by CONSULTATION only.

CONSULTATION is required when more than 3 medications are requested. S8 Medications require an appointment.

Diabetic & blood pressure medications MAY require a consultation.

ANY medication changes or reviews require a CONSULTATION.

ALL Veteran Affairs card holders require a CONSULTATION.

(Office Use Only) Paid: _____ Staff Initials: _____

If faxing request – you are required to call the practice on 6057 7100 and pay over the phone with your credit card to enable processing. Script \$25 fee for processing in this manner \$35 if posting of prescription required

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