

ONLINE COMPOUND MEDICINE ORDER FORM

CONTACT INFORMATION

Name: _____
Address (Home): _____

Tel: _____ Mobile: _____
Email: _____

SHIP TO: (If different from Contact)

Name: _____
Address: _____

Tel: _____ Mobile: _____
Email: _____

please tick one: New Customer Existing Customer

QTY	Description

If you are ordering a troche please tick your preferred flavour.

Peppermint Aniseed Tutti Frutti Chocolate Banana Orange
 Grape Raspberry Strawberry Coconut Spearmint Butterscotch

Please list any know allergies

METHOD OF PAYMENT

Credit card Money Order Electronic Fund Transfer

CREDIT CARD INFOMATION

Visa Mastercard American Express Diners

Card Number

EXP. MO. YR.
DATE -

Name on Card: _____ Signature: : _____

Please tick one:

- Please call to let me know the price of my compounded medication
- I will pay on collection
- Please express post my prescription to postal address above (Small postage fee applies).

Any Special Instructions: _____

To order your prescription, simply fax to 1300 726 858 or email to info@customisedcompounding.com.au

Please note: It is a legal requirement that we receive the original prescription. You may fax or email a scanned copy to order but the original must be sent to us before order can be collected or despatched