CUSTOMCARE
Compounding Pharmacy
644 Old Northern Road, (PO BOX 3481) Dural NSW 2158
Telephone Toll Free: 1300 725 868 Fax Toll Free: 1300 726 858

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. DATE MO. _____ – YR. _____

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@customcarepharmacy.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