

Order Form



Office use only _____ PCC PCD

Steps for ordering

1. Complete this form and attach original prescription. Call 1300 853 620 to determine the cost of your new prescription.
2. Mail to: PO BOX 2954 Taren Point NSW 2229
3. Upon receipt of your **original prescription** and **payment**, your medication will be sent to you by overnight courier to anywhere in Australia. The whole process taking 48 hours upon receipt of your prescription.

Your details

New customer Existing customer Existing customer with a new prescription

Patient name _____ Date ____/____/____

Daytime phone _____ Email _____ Get notifications

Delivery address _____

City _____ State _____ PC _____

Special delivery instructions _____

Authority to leave: Letterbox Meter box Front door Other _____

Order details

Original prescription Repeat No prescription required

Medication/Product	Cost
<input type="checkbox"/> Postage from \$9.95 (if applicable)	
Total order \$	

List all other medicines you are currently taking

List any allergies you may have

List any current medical conditions

PLEASE NOTE: Your prescription repeats will be kept on file at ACPHARM. The label of your medication will indicate the number of repeats you have remaining. If your label displays no repeats, this will indicate that you need to get a new prescription. **If ordering troche, please call to confirm flavour options.**

Payment details

Visa MasterCard Cheque/MO In person

Direct Deposit
Please email, post or fax confirmation of payment

Bank: St George
BSB: 112 879
Acc#: 475903983

Cardholder's name _____

Card number _____ / _____ / _____ / _____ CVN _____

Expiry date ____/____ Cardholder's signature _____

Located on the back of your Credit Card