

# 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)	
<b>Total order \$</b>	

### 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