



## Farmacologica Compounding Pharmacy

“care, listen, compound”

### Patient Order Form

Surname: -----

First name: -----

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: -----  
-----

Post code: -----

Phone: ( \_\_ ) -----

Mobile: -----

Email: -----

I am a (please tick ):

- new patient  
 repeat patient

#### Payment Details:

- Visa             MasterCard  
 Amex            Dinners  
 Bankcard       Money Order

Card Number: -----

Expiry: \_\_\_ / \_\_\_

Name on card: -----

Signature: -----

**Please attach doctor's original prescription below and send to:**

Farmacologica Compounding Pharmacy  
54 – 56 Sydney Road  
Coburg, VIC, 3058

**Please attach your prescription here**

It is a legal requirement that original prescription must be attained in the pharmacy upon receipt of your doctor's original prescription; we will compound your medication and post it to you on the following day. For your convenience we shall keep your records on our Health Watch System. When you require a repeat prescription to be filled just contact us and we shall prepare it and forward it to you.

**THANK YOU FOR PLACING YOUR ORDER WITH FARMACOLOGICA COMPOUNDING PHARMACY**

Please do not hesitate to contact us regarding your order at any time.

**Telephone:** 03 9383 55 18

**Fax:** 03 9384 32 74

**Web:** <http://www.farmacologica.com.au>

**Email:** [enquiries@farmacologica.com.au](mailto:enquiries@farmacologica.com.au)