



Compound Medicine Australia  
 (Located inside Chemist King Welland)  
 53 Grange Road  
 Welland SA 5007  
 Phone: 08 8340 0770  
 Fax: 08 8417 7196  
 www.CMAu.com.au  
 Email: Welland@CMAu.com.au

## Compounding Prescription Order Form

Please complete the form in its entirety to avoid delays  
 Script must be faxed with this form & hardcopy original sent/delivered to  
 Compound Medicine Australia prior to/at time of collection.

### Patient Details:

<b>First Name:</b>		<b>Surname:</b>												
<b>DOB:</b>		<b>Gender:</b>	Male      Female											
<b>Address:</b>														
<b>Suburb &amp; Post Code:</b>		<b>Ph No:</b>												
<b>Allergies/Interactions:</b>														
<b>Other Medications &amp; Medical Conditions:</b>		<b>Special Requirements: (vegetarian, preservative free, natural flavour, veterinary):</b>												
<b>Flavour (Troches/Liquids):</b>			<b>Delivery:</b>											
<input type="radio"/> No Flavour <input type="radio"/> Lemon <input type="radio"/> Raspberry <input type="radio"/> Strawberry <input type="radio"/> Tutti Frutti	<input type="radio"/> Bubble Gum <input type="radio"/> Orange <input type="radio"/> Marshmallow <input type="radio"/> Peppermint <input type="radio"/> Vanilla	<input type="radio"/> Caramel <input type="radio"/> Chocolate <input type="radio"/> Crème de menthe <input type="radio"/> Butterscotch <input type="radio"/> Hazelnut	<input type="radio"/> To above address via AustPost** <input type="radio"/> Pick up from Pharmacy <sup>&gt;</sup> <input type="radio"/> Other*:											
<b>Payment Details*</b>														
<b>Name on Card:</b>											<b>Card Type:</b>			
<b>Credit Card No:</b>														
<b>CCV No:</b> (3 or 4 digit code)					<b>Expiry Date:</b>			/						
<b>Signature^:</b>														



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Please Attach your Prescription Below

Large empty rectangular box for attaching a prescription.

\*For orders less than \$150, postage is \$10 per 500gm.  
> Pharmacy will contact you once the medication is ready for collection.  
\*Full payment due prior to medication being made.  
^I authorise my credit card to be charged for the attached medication order.

**Thank you for your order**