



NUTRITIONAL COMPOUNDING ORDER FORM *(for doctors)*



Patient Details:

Name: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Post Code: _____ Phone: _____

AM Program	Strength	PM Program	Strength
Vit C Corn free (mg)		Vit C Corn free (mg)	
B-6 (mg) <small>Script required for quantities exceeding 200mg of combined B-6 & P5P</small>		Zinc as Picolinate (mg) <small>Script required for quantities exceeding 50mg</small>	
P5P (mg) <small>Script required for quantities exceeding 200mg of combined B-6 & P5P</small>		Manganese as Gluconate (mg)	
Vit E Succinate (IU)		Vitamin E Succinate (IU)	
Vitamin E Syn soy-free (IU)		Vitamin E Syn soy-free (IU)	
Biotin (mcg)		Biotin (mcg)	
Cyanocobalamin (vitamin B-12) (mcg)		Cyanocobalamin (vitamin B-12) (mcg)	
Methylcobalamin (vitamin-B12) (mcg)		Methylcobalamin (vitamin-B12) (mcg)	
Folic Acid (mcg)		Folic Acid (mcg)	
Folinic Acid (mcg)		Folinic Acid (mcg)	
Niacinamide (mg)		Niacinamide (mg)	
Chromium as Polynicotinate (mcg)		Chromium as Polynicotinate (mcg)	
Chromium as Picolinate (mcg)		Chromium as Picolinate (mcg)	
Methionine (mg)		Methionine (mg)	
Calcium as Carbonate (mg)		Calcium as Carbonate (mg)	
Calcium as Citrate (mg)		Calcium as Citrate (mg)	
Magnesium as Glycinate (mg)		Magnesium as Glycinate (mg)	
Magnesium as Oxide (mg)		Magnesium as Oxide (mg)	
Vitamin A (IU) <small>Script required for quantities exceeding 10000IU</small>		Vitamin A (IU) <small>Script required for quantities exceeding 10000IU</small>	
Beta Carotene (IU)		Beta Carotene (IU)	
Molybdenum (mcg)		Molybdenum (mcg)	
Selenium (mcg) as Selenomethionine <small>Script required for quantities exceeding 300mcg</small>		Selenium (mcg) as Selenomethionine <small>Script required for quantities exceeding 300mcg</small>	
Vitamin D (IU) <small>Script required for quantities exceeding 25mcg (1000IU)</small>		Vitamin D (IU) <small>Script required for quantities exceeding 25mcg (1000IU)</small>	
Taurine (mg)		Taurine (mg)	
Serine (mg)		Serine (mg)	
Ferrous Gluconate (mg)		Ferrous Gluconate (mg)	

Please check appropriate box below for AM/PM Program

Powder **OR** Capsules
 TOTAL DOSAGES REQUIRED (or time) _____

Check box if patient has a soy allergy
 Note to Compounding Pharmacists: dispense as ELEMENTAL VALUE

Payment Details:

Visa MasterCard Cheque/Money Order

Cardholders Name: _____

Card Number: _____ / _____ / _____ / _____ CVN: _____

Expiry Date: ____ / ____ Signature: _____

Located on the back of your Credit Card

Last update: 17 Apr 2015

Physician Signature — dispense as written _____

Physician Printed Name _____

Date _____

PLEASE SEND COMPLETED ORDER FORM TO

FAX: 07 56766371 / EMAIL: goldcoast@acpharm.com.au

Post: 1/24 Surfers ave, Mermaid Waters 4218

ACPharm QLD Phone: 1300 696 337 Fax: 07 56766371
Web: www.acpharm.com.au Email: goldcoast@acpharm.com.au