



COMPOUNDING ORDER FORM

Pharmacy Name: _____

Pharmacy Address: _____

_____ Post Code: _____

Pharmacy Phone Number: _____ Date: _____

POST TO PHARMACY POST TO PATIENT(\$9.95)

PATIENT NAME: _____

PATIENT ADDRESS: _____

_____ POST CODE: _____

PATIENT AUTHORITY FOR ACPHARM QLD TO COMPOUND MEDICATION:

SIGN: _____

ITEM/S REQUIRED:

TROCHE _____ QUOTE: \$ _____

FLAVOUR: PEPPERMINT BUTTERSCOTCH STRAWBERRY LEMON/LIME VANILLA

1 INGREDIENT = \$25 2 INGREDIENT = \$30 3 INGREDIENT = \$35 4 INGREDIENT = \$40

CREAM _____ QUOTE: \$ _____

50G = \$29 for 1 ingredient (\$5 extra per extra ingredient)

100g = \$50 for 1 ingredient (\$5 extra per extra ingredient)

CAPSULE _____ QUOTE: \$ _____

VITAMIN _____ QUOTE: \$ _____

OTHER _____ QUOTE: \$ _____

script is on file _____ PRICE: \$ _____

NOTES: _____

PLEASE CALL (07) 55265422 FOR INSTANT QUOTE

**PLEASE FAX OR EMAIL ORDER FORM AND PRESCRIPTION TO
(07)56 766 371 or goldcoast@acpharmqld.com.au (original to be posted within 7 days)**

**ALL ORDERS ARE CHARGED TO 30 DAY ACCOUNT WITH
FREE POSTAGE AND A 10% DISCOUNT**