

**STENLAKE COMPOUNDING CHEMIST PATIENT ORDER FORM**

**Patient Details**

**I am a NEW CUSTOMER** or  **I have ordered from you before** Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

**Postal** Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Telephone h( ) \_\_\_\_\_ w( ) \_\_\_\_\_ mob \_\_\_\_\_

email address \_\_\_\_\_

I would you like to receive updates about our preparations and services by email

**Payment Details**

Credit card details

Visa  MasterCard  American Express (**3% transaction fee applies**)

Credit Card Number

Cardholder's Name \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cheque  Money Order  Details already on file

**I have already contacted Stenlake Compounding Chemist. Proceed with the order and accept my payment as indicated above.**

**Order Details**

Post medication to above address  I will collect from Stenlake Compounding (Mon-Fri 9am-5pm)

Dispense the following number of medications from

Enclosed prescriptions  Repeats kept on file

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Troche Patients Only: choose flavour**

- Aniseed  Coconut  Orange  Strawberry
- Banana  Kahlua  Lime  Wildberry
- Butterscotch  Spearmint  Vanilla

**Erectile Dysfunction Patients Only:**

Supply \_\_\_\_\_ swabs/syringes (specify number in multiples of 10)

Do not supply swabs/syringes



**IMPORTANT INFORMATION**

**Firstly, thank you for your order.**

When you receive your medication check your **MEDICATION LABEL** and note the number of **REPEATS REMAINING** and their **EXPIRY DATE**. Prescriptions for some medications such as testosterone and DHEA have only a 6 month expiry, whereas most prescriptions are valid for 12 months from the date they are written.

Note that it is a legal requirement that we must have your **ORIGINAL PRESCRIPTION**, even if you have sent us a faxed or scanned copy. Please check that you (or your doctor) have already supplied this to us.