

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 _____ Signature Required on delivery
 Signature Not Required on delivery

Allergies _____

Are you pregnant or breastfeeding? Yes No

I would like to receive updates about our preparations, services and the monthly newsletter 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 _____

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 Butterscotch Vanilla Spearmint
- Banana Kahlua Lime Wildberry

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.

Stenlake Compounding – PO Box 2109 Bondi Junction NSW 1355

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