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	
☐ Signature Not Required on delivery	
Allergies/ Medical Conditions/ Sensitivities	
Are you pregnant or breastfeeding? □ Yes □ No □ I would you like to receive updates about our preparations, services and the month Payment Details	ly newsletter by email
Credit card details	
☐ Visa ☐ MasterCard ☐ American Express (39)	% transaction fee applies)
Credit Card Number	
Cardholder's Name Expiry Date/	
Cardholder's Signature	_
☐ Money Order ☐ De	etails already on file
☐ I have already contacted Stenlake Compounding Chemist. Proceed payment as indicated above.	with the order and accept my
Order Details	
Post medication to above address	e Compounding (Mon-Fri 9am-5pm)
Dispense the following number of medications from	
☐ Enclosed prescriptions ☐ Repeats kept on file	
Troche Patients Only: choose flavour o Aniseed o Butterscotch o Vanilla	o Spearmint
o Banana o Kahlua o Lime	o Wildberry
Erectile Dysfunction Patients Only:	
$\hfill \square$ Supply swabs/syringes (specify number in multiples of	10)

IMPORTANT INFORMATION

Firstly, thank you for your order.

Do not supply swabs/syringes

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.

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