Bob Harrison Miranda
# Compounding Pharmacy

Bob Harrison Chemist Miranda
Shop 3002 Westfield Shoppingtown
Order Hotline: 1300 198 876 Tel. 02 9524 7131 Fax. 02 9524 7141
Email. bobharrison.spchemist@nunet.com.au

# PRESCRIPTION ORDER FORM

**Please call to confirm receipt of fax and allow at least 24 hours for prepararion of your prescription**

## CONTACT DETAILS

Title: First Name: Surname:

Postal Address:

State: Postcode:

Contact Phone Numbers: Mobile:

Email Address:

New Customer: Existing Customer: Doctor:

## PRODUCTS REQUIRED

## PAYMENT DETAILS

**Credit Card:** Visa Mastercard AMEX **Money Order:** **Direct Deposit:**

Credit Card Number: Expiry Date: CCV:

Card Holders Name:

Signature: Date:

## IMPORTANT INFORMATION

There is a legal requirement that the pharmacy must receive the original prescription witin 7 days of dispensing. Please send your prescription to our address as soon as possible. If there are any repeats on your prescription you may reorder your medication by phone, fax or email. The number of repeats that you have will be printed on the label of your medication. All reorders must be accompanied by appropriate payment i.e. credit card (which may if you wish be securely kept on your personal file), direct deposit, money order or cheque.

**Please fax your prescriptions on 02 9524 7141.**
**Please mail the original to PO Box 227 Miranda NSW 2228.**

Postage is Monday to Thursday at a flat $9.00 rate. A days notice is needed.

**Thank you for purchasing your medication from Bob Harrison Miranda Compounding Pharmacy.**