

# Appin Pharmacy

## Online Compounding Medicine Order Form

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Please tick one:

New Customer  Existing Customer

### Payment Details

Please tick one:

Please call to let me know the price of my compounded medication

I will pay on collection

Please post my prescription and charge my credit card details below  
(postage fee applies).

Please tick one:

Visa

Mastercard

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are ordering a troche please tick your preferred flavour.

Peppermint  Tutti Frutti  Tropical Punch  Vanilla  Caramel  Raspberry  
 Strawberry  Lime  Lemon / Lime  Marshmallow

Any Special Instructions:

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To submit your order, simply fax to us: **02 4631 2100**