



Date:

PATIENT - ORDER FORM

FIRST NAME: _____ SURNAME: _____

MOBILE: _____ EMAIL: _____@_____

ALLERGIES: _____ DATE OF BIRTH: __/__/_____

NUMBER OF COMPOUNDING ITEM(S) REQUIRED:

TROCHE FLAVOUR (Please Circle):

Aniseed	Banana	Butterscotch	Caramel	Lime
Kahlua	Lemon/Lime	Orange	Marshmallow	Lemon
Chocolate	Tutti-Frutti	Pina Colada	Crème de Menthe	Bubble-gum
Peppermint	Strawberry	Raspberry	Spearmint	Vanilla

ORDERING CHECKLIST:

- ✓ Script is being **faxed** to 07 5530 6677 or **emailed** to admin@customcompounding.com.au
- ✓ Script has been **attached** to this document
- ✓ Script is being posted (free postage): **National Custom Compounding**
Reply Paid 86714
MERRIMAC QLD 4226

**All prescriptions will be kept on file to ensure after ordering.*

**If you would like repeats returned, please attach a note to the original prescription.*

NOTES: _____

URGENCY OF ORDER: **LOW** Ready in 3 to 5 Days

NORMAL Ready in 2 to 3 Days

URGENT Ready within 1 to 2 Days*

** Please check with us
before selecting **URGENT**.
Waiting time can vary
unexpectedly.*

Please make sure that all prescriptions are either attached to this order, faxed or emailed. We will contact you once the order is received.

