

MY SKIN

COMPOUNDING PHARMACY

PRACTITIONER ORDER FORM

This is a valid doctor's script once signed and completed:
Please email completed form to: info@myskinpharmacy.com.au

Or fax to: (07) 39051823

Questions? Call 0433 898 778 or 07 3039 1589

CLINIC/ PATIENT DETAILS

Clinic Name:

Contact Name:

Prescriber Name:

Doctor Signature:

Prescriber Number:

Prescribing Date:

DELIVERY DETAILS:

Clinic Address:

Phone:

Email:

PAYMENT DETAILS: For monthly orders greater than \$2000, please call us to open an account.

Credit card Number: |.....|.....|.....|.....|

Exp:...../..... CCV:

COMPOUNDS NEEDED: (PLEASE PRINT)

Express Post Service: Postage + Handling Fee ranges from **\$16.95** up to **\$45.00** Allow up to 5 working days for compounding.

Original Prescriptions: Please send the original hard copy prescription via post to My Skin

HOW TO ORDER (FOR PATIENTS):

Text a photo of your script to 0433 898 778 or order online at www.myskinpharmacy.com.au