

PRACTITIONER ORDER FORM

This is a valid doctor's script once signed and completed.

Email completed form to info@myskinpharmacy.com.au

DELIVERY DETAILS:

Please Specify: Post to Clinic Post to Patient (receipt will not be included in order)

Delivery Address:

Tracking Email:

PRESCRIPTION DETAILS

PRESCRIBER DETAILS: (For prescription medications)

Clinic/Patient Name:

Prescriber Name:.....

Contact Name:

Prescribing Date:

Contact Number:

Prescriber Number:

Prescriber Signature:.....

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

Credit card Number: |.....|.....|.....|.....| Exp:...../..... CCV:

COMPOUNDS NEEDED: (PLEASE PRINT)

For numbing orders, please provide a list of patient names (10 patients per 100ml of numbing):

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