



HOW TO ORDER:

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

Please fax/email completed form to:

Fax (07) 3905 1823 or
Email info@myskinpharmacy.com.au

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 (TO BE DELIVERED TO CLINIC)

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 **\$29.00** Allow up to 5 working days for compounding.

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

OFFICE USE ONLY

CHARGED/UNCHARGED

POST/ DELIVER/ PICKUP ON