

# MIDDLETON COMPOUNDING PHARMACY



9 Watts Rd, Ryde N.S.W, 2212  
Phone (02) 9878 3030 Fax (02) 9888 3516  
E: ryde@mediadvice.com.au

## Patient Consent:

I .....hereby  
authorise Middleton Compounding Pharmacy to  
send my compounded prescription to

.....Pharmacy or  
delivered to address specified.

Patient Name & Signature

Phone number

## Compounding Order /referral form:

Date: \_\_\_/\_\_\_/\_\_\_

### Patient Details

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

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

Allergies: \_\_\_\_\_

Product: \_\_\_\_\_

Strength: \_\_\_\_\_ Size/Quantity: \_\_\_\_\_

Flavour (if applicable): \_\_\_\_\_ (eg: Chocolate, strawberry, raspberry, grape, watermelon, vanilla, peppermint, orange)

Price: \_\_\_\_\_

Requested date patient will pick up product: \_\_\_\_\_

or

DELIVER to: \_\_\_\_\_

(Turn around to be advised – We use Australia Post Express Post for our deliveries)

Credit card details: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp: \_\_\_ / \_\_\_ CCV : \_\_\_\_\_

Staff: \_\_\_\_\_

Script faxed  Original script posted -

Please ensure you have attached the original prescription to this form and post it to the above address ASAP so we receive it within 7 days. We do not release medicines until the original prescription is received. If urgent, please indicate and we will attempt to release using provisions within PGTR2008 - **RE-LABELING our compounded items is against pharmacy board regulation and is prohibited.**

Pharmacy signature: I have read and accepted the guidelines (10.9 3<sup>rd</sup> Party Pharmacy Information sheet) provided by Middleton Compounding Pharmacy.

Sign here: .....Name .....

**THANK YOU FOR CHOOSING MIDDLETON COMPOUNDING PHARMACY**