



Order Form

Request for Compounded Prescription

How to Order:

Print out the form below, fill in and post with the prescription (unless a repeat) to the address at the top of the page.

Please Note: By law we must have the original prescription before despatch...unfortunately a faxed copy will not suffice.

New Customer Existing Customer

Name: _____

Address: _____

_____ Postcode: _____

Day-time Contact Phone No: () _____

Mobile: _____

D.O.B: ___/___/___ Gender: Male Female

I wish to have a NEW prescription compounded...the prescription is enclosed.

I wish to REPEAT a prescription previously supplied by Payneham Road Chemplus Compounding Pharmacy.

Details of the repeat script: (Type of prep., strength, quantity etc.) _____

Other instructions: _____

Troches usually require flavouring. Please indicate flavouring required: _____

Payment Details:

(Prescriptions cannot be filled unless payment details are provided and are valid)

Master Card Visa Bank Card Amex Money Order enclosed

Cardholder Name: _____

Card Number: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | Expiry: ___/___

Signature: _____

