

## HomePharmacy.com.au order form

"Lowest Prices & Home Delivery are just the beginning ..."

(Require for prescription and offline purchases) Phone 1800 333 878 Fax 61- 73841 6733

Homernamacy.com.au,1307 b			
Mr/Mrs/Ms/Dr. First Name	Payment Detail		
Last Name			
Home Address	☐ Cheque/Money order for \$		
SuburbStatePostcode			
Delivery Address	Credit Ca	ard □BANKCARD □VISA □ MASTERCARD	
Delivery Address			
Business Name			
Delivery Address			
SuburbStatePostcode			
Contact Phone number (Essential)	Expiry Date/		
Home ( )			
Work ( )Fax ( )	Contact phone number ( )		
Mobile			
Email	Signature		
Please complete the below information if you are sending prescriptions or require "Patient Profile require items"			
Patient's full Name	Please tick [ ] the appropriate box(es) below:		
	Trease tien (1) I the appropriate box(es) below.		
Address (if different to above)	Do you have any drug allergies?		
SuburbPostcode			
	□ No drug allergies □ Aspirin □ Penicillin □ Sulfa □ Erythromycin □ Codeine □ Tetracycline □ Other □		
Date of birth// Sex M F Health Care Card/Pension Card/ Safety Net Entitlement Card. You must			
include a photocopy of your card the first time you use us.			
	Do you ha	we any of the following medical conditions?	
	Stomach ulcers High blood pressure Glaucoma No chronic conditions Arthritis Diabetes		
Medicare Care Number	☐ No chron☐ Thyroid	iic conditions	
Expiry	l lilyloid	Epilepsy	
Date			
Person number on medicare Card 1 2 3 4 5	Other server dist		
Your Doctor's Name	Other condition Are you on any other medication? Please include both		
	prescription and non-prescription medication.		
Address	prescription	Tand non-prescription medication	
Postcode			
Doctor's Phone Fax No			
Please complete all details of your order in full including prescriptions			
Please give full details of each product (Please attach addition form if insufficient) please note: If you ordering prescription for more than one person please fill out an order form for each individual person.  Product number NAME OF PRODUCT SIZE QUANTITY PRICE \$			
Troduct Humber NAME OF TRODOG		OIZE QUARTITI TRICE V	
1		SUBTOTAL	
Would you like us to substitute a less expensive equivalent brand if			
		NO ☐ PLUS POSTAGE & HANDLING \$6.95	
, '		FREE FOR ORDERS OVER \$150.00 or Order with NHS prices of \$5.90 & \$36.10	
Do you require a receipt for your private health fund? YES	ио □	TOTAL ORDER	
Would you like us to keep your repeat prescriptions? YES□	NO □		
(You can simply ring us to have your repeat prescription dispensed)			