## Generated by PDFKit.NET Evaluation

Australian Menopause Centre DOB: 16/01/2015 Patient No: 108091

DELIVERY ADDRESS:	Use on
1 Test Street	
Test NSW 2192	only

Ahmz asd asd NSW

	Г	
	11/11	Dispensing # 364839
Script Date	/2015	
	14/10	Dispatch Method:
Order Date	/2015	
	Dr	Authority to Leave:
	Mary	If nobody home - leave at FRONT DOOR
	Tan-	
	Pare	
	des	REMAKE (please specify reason)
	2339 <b>Doctor</b> 146	☐ Change of Address ☐ Change of medication
Doctor		
	Apply 1 pump - 1/2ml of	□ Inferior Product □ Other
	cream to face and neck at	
Sigs	night. Pharn	acy Use Only
	Formula	Type: Combine Prescription:

	·	HORMONE	DOSE	Powder	HORMONE	DOSE	Powder
«xfP1A <sub>l</sub> ior		Atrop ine 0.24 mg/m	0.6				
AMT:	0						
QTY:	0						
FLAVO	UR:						
Frui ty							
		Atrop ine 0.24 mg/m					

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PHARMACY DISPENSING Strip			
1 <sup>st</sup>	Production	Pharmacist	
Disp	Label	Signature	

PHARM	ACY DISPEN	SING Strip
2 <sup>ND</sup>	Production	Pharmacist
Disp	Label	Signature

PHARMACY DISPENSING Strip