

Australian Menopause Centre
DOB: [f: 6] Patient No: [f: 5]

DELIVERY ADDRESS:
[f: 77]
[f: 78] [f: 79] [f: 80]

Use on

only

[f: 4]
[f: 14]
[f: 15] [f: 17] [f: 16]

Script Date	[f: 73]
Order Date	[f: 74]
Doctor	[f: 75]
Sigs	[f: 43] [f: 50]
Supp Meds	Yes / No

Dispensing # [f: 76]

Dispatch Method: [f: 81]

Authority to Leave:
[f: 82]

REMAKE (please specify reason)

- ☐ Change of Address ☐ Change of medication
☐ Inferior Product ☐ Other _____

Pharmacy Use Only

Formula Type: [f: 71] Prescription: [f: 72]

«xfP1Applicat ion»			HORMONE	DOSE	Powder		HORMONE	DOSE	Powder
			[f: 26]	[f: 20]			[f: 59]	[f: 51]	
AMT:	[f: 69]		[f: 22]	[f: 29]			[f: 60]	[f: 52]	
QTY:	[f: 68]		[f: 23]	[f: 30]			[f: 61]	[f: 53]	
FLAVOUR:			[f: 24]	[f: 31]			[f: 62]	[f: 54]	
[f: 70]			[f: 25]	[f: 32]			[f: 63]	[f: 55]	
			[f: 26]	[f: 33]			[f: 64]	[f: 56]	
			[f: 27]	[f: 34]			[f: 65]	[f: 57]	
			[f: 28]	[f: 35]			[f: 66]	[f: 58]	

PHARMACY DISPENSING Strip

1st Disp	Production Label	Pharmacist Signature
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PHARMACY DISPENSING Strip

2ND Disp	Production Label	Pharmacist Signature
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