

Australian Menopause Centre

DOB: Patient No:

DELIVERY ADDRESS:

Use on

only

Script Date

Order Date

Doctor

Sigs

Supp Meds

Yes / No

Dispensing #

Dispatch Method:

Authority to Leave:

REMAKE (please specify reason)

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

Pharmacy Use Only

Formula Type:

Prescription:

«xfP1Applicat ion»		HORMONE	DOSE	Powder	HORMONE	DOSE	Powder
AMT:							
QTY:							
FLAVOUR:							

PHARMACY DISPENSING Strip

1 st Disp	Production Label	Pharmacist Signature
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PHARMACY DISPENSING Strip

2 ND Disp	Production Label	Pharmacist Signature
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