

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 |
|--------------------------------|---------------------|-------------------------|

PHARMACY DISPENSING Strip

| | | |
|--------------------------------|---------------------|-------------------------|
| 2ND Disp | Production Label | Pharmacist Signature |
|--------------------------------|---------------------|-------------------------|