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

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

DELIVERY ADDRESS: **[f: 77]** **[f: 78] [f: 79] [f: 80]**	**Use on** _____ **only**

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]**

«xfP1Application»		**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: 70]		[f: 24]	[f: 31]		[f: 62]	[f: 54]	
		[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

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