

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

Ahmz
asd
asd NSW

DELIVERY ADDRESS:
1 Test Street
Test NSW 2192

Use on

only

| | |
|-------------|---|
| Script Date | 15/07/2015 |
| Order Date | 03/11/2015 |
| Doctor | Dr David Woodhouse 244080 |
| Sigs | Apply 1/2 gram, i.e. 1/2 ml twice daily Apply 2 clicks, i.e. 1/2 ml of cream daily at Night. |
| Supp Meds | Yes / No |

Dispensing # 346401

Dispatch Method:

Authority to Leave:
If nobody home - leave at FRONT DOOR

REMAKE (please specify reason)

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

Pharmacy Use Only

Formula Type: Split Pack N/P

Prescription: PBL 30

| «xfP1Applicat ion» | | | HORMONE | DOSE | Powder | HORMONE | DOSE | Powder |
|-----------------------|---|--|------------------------|------|--------|------------------------|------|--------|
| | | | Phentolamine 4mg/ml | 0.6 | | Phentolamine 4mg/ml | 40 | |
| AMT: | 5 | | Phentolamine 4mg/ml | 0.3 | | Atropine 0.24mg/ml | 1250 | |
| QTY: | 4 | | Phentolamine 4mg/ml | 0.6 | | Atropine 0.24mg/ml | 0.6 | |
| FLAVOUR: | | | Phentolamine 4mg/ml | 0.3 | | | | |
| Strawberr y | | | | | | | | |
| | | | Phentolamine 4mg/ml | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 1st Disp | Production Label | Pharmacist Signature |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 2ND Disp | Production Label | Pharmacist Signature |

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

Ahmz
asd
asd NSW

DELIVERY ADDRESS:
1 Test Street
Test NSW 2192

Use on

only

| | |
|-------------|--|
| Script Date | 09/09/2015 |
| Order Date | 09/09/2015 |
| Doctor | Dr Mary Tan-Paredes 2339146 |
| Sigs | Apply 1 pump - 1/2ml of cream to face and neck at night. |
| Supp Meds | Yes / No |

Dispensing # 360249

Dispatch Method:

Authority to Leave:
If nobody home - leave at FRONT DOOR

REMAKE (please specify reason)

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

Pharmacy Use Only

Formula Type: Combine

Prescription: PBL 30

| «xfP1Applicat ion» | | HORMONE | DOSE | Powder | HORMONE | DOSE | Powder |
|-----------------------|---|------------------------|------|--------|---------|------|--------|
| AMT: | 0 | Phentolamine 4mg/ml | 1 | | | | |
| QTY: | 0 | | | | | | |
| FLAVOUR: | | | | | | | |
| Strawberr y | | | | | | | |
| | | Phentolamine 4mg/ml | | | | | |
| | | | | | | | |
| | | | | | | | |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 1st Disp | Production Label | Pharmacist Signature |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 2ND Disp | Production Label | Pharmacist Signature |

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

Ahmz
asd
asd NSW

DELIVERY ADDRESS:
1 Test Street
Test NSW 2192

Use on

only

| | |
|-------------|--|
| Script Date | 11/11/2015 |
| Order Date | 14/10/2015 |
| Doctor | Dr Mary Tan-Paredes 2339146 |
| Sigs | Apply 1 pump - 1/2ml of cream to face and neck at night. |
| Supp Meds | Yes / No |

Dispensing # 364839

Dispatch Method:

Authority to Leave:
If nobody home - leave at **FRONT DOOR**

REMAKE (please specify reason)

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

Pharmacy Use Only

Formula Type: Combine

Prescription:

| | | | | | | | | |
|-----------------------|---|-----------------------|-----------------------|------|--------|---------|------|--------|
| «xfP1Applicat ion» | | | HORMONE | DOSE | Powder | HORMONE | DOSE | Powder |
| | | | Atropine 0.24mg/ml | 0.6 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| AMT: | 0 | | | | | | | |
| QTY: | 0 | | | | | | | |
| FLAVOUR: | | | | | | | | |
| Fruity | | | | | | | | |
| | | Atropine 0.24mg/ml | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 1st Disp | Production Label | Pharmacist Signature |

| PHARMACY DISPENSING Strip | | |
|--------------------------------|---------------------|-------------------------|
| 2ND Disp | Production Label | Pharmacist Signature |