Australian Menopause Centre
DOB: «Birthdate» Patient No: «xfPatientNumber»

Ahmz
asd
asd
NSW

DELIVERY ADDRESS:
«xfOneOff_Address»
«xfOneOff_City»
«xfOneOff_State»

Use on
_____
only

Script Date	«xfPrescribeDate»	**Dispensing #** «xfDispensingNumber»	
Order Date	«xfDispenseDate»	**Dispatch Method:** «xfDeliveryCourier»	
Doctor	«xfP1Doctor»		

Dispensing # «xfDispensingNumber»

Dispatch Method: «xfDeliveryCourier»

Authority to Leave:
«xfDeliveryInstruction»

Sigs	«xfP1Instruction» «xfP2Instruction»
Supp Meds	Yes / No

REMAKE (please specify reason)

☐ Change of Address   ☐ Change of medication

☐ Inferior Product   ☐ Other _____

Pharmacy Use Only

Formula Type: «xfFormulaType»   **Prescription: «xfCodeType»**

«xfP1Application»	HORMONE	DOSE	Powder	HORMONE	DOSE	Powder
		0.6				
AMT:	Phentolamine 4mg/ml	0.3				
QTY:	Phentolamine 4mg/ml	0.6				
FLAVOUR: «xfP2Flavor»	Phentolamine 4mg/ml	0.3				

PHARMACY DISPENSING Strip				PHARMACY DISPENSING Strip		
1st Disp	Production Label	Pharmacist Signature		**2ND Disp**	Production Label	Pharmacist Signature

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Order Date	«xfDispenseDate»
Doctor	«xfP1Doctor»
Sigs	«xfP1Instruction» «xfP2Instruction»
Supp Meds	Yes / No

Dispensing # «xfDispensingNumber»

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«xfDeliveryInstruction»

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Pharmacy Use Only

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PHARMACY DISPENSING Strip		
1st Disp	Production Label	Pharmacist Signature

PHARMACY DISPENSING Strip		
2ND Disp	Production Label	Pharmacist Signature