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	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 # [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
		Phen tolam ine 4mg/ ml	0.6		Phentolamine 4mg/ml	40	
AMT:	5	Phen tolam ine 4mg/ ml	0.3		Atropine 0.24mg/ml	1250	
QTY:	4	Phen tolam ine 4mg/ ml	0.6		Atropine 0.24mg/ml	0.6	
FLAVOUR: Stra wbe rry		Phen tolam ine 4mg/ ml	0.3				
		Phen tolam ine 4mg/ ml					

PHARMACY DISPENSING Strip		
1st Disp	Production Label	Pharmacist Signature

PHARMACY DISPENSING Strip		
2ND Disp	Production Label	Pharmacist Signature