

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
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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) <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of medication <input type="checkbox"/> Inferior Product <input type="checkbox"/> Other _____

Pharmacy Use Only

Formula Type: Split Pack N/P Prescription: PBL 30

«xfP1Applicat ion»		HORMONE	DOSE	Powder	HORMONE	DOSE	Powder
AMT:	5	Phentolamine 4mg/ml	0.6		Phentolamine 4mg/ml	40	
		Phentolamine 4mg/ml	0.3		Atropine 0.24mg/ml	1250	
QTY:	4	Phentolamine 4mg/ml	f: 30		Atropine 0.24mg/ml	0.6	
FLAVOUR: Strawberr y		Phentolamine 4mg/ml	0.3				
		Phentolamine 4mg/ml					

PHARMACY DISPENSING Strip		
1 st Disp	Production Label	Pharmacist Signature

PHARMACY DISPENSING Strip		
2 ND Disp	Production Label	Pharmacist Signature