

FALLS CREEK ORDERS for Mt Beauty Pharmacy

ALL customers must complete Sections A, B, E & F | PLEASE USE BLOCK LETTERS

Section A: Contact Details

Name: _____
Home Address: _____
On-mountain Address (Lodge etc): _____
Mobile: _____ Lodge Phone: _____
If for a CHILD, DOB (if under 16): ____/____/____ Approx Weight: _____ kg

Section B: Payment Details - Credit Card Only

Card Number: _____
Card Type ✓ : ☐ Visa ☐ Mastercard Expiry Date: ____/____
Name on Card: _____ Signature: _____

Section C: Non-Prescription Items

Mt Beauty Pharmacy participates in the Project Stop program, which involves recording sales of pseudo-ephedrine-based products in a national database. **A copy of your drivers licence will be required.**

If requesting items containing **pseudoephedrine** or **codeine**, eg Cold & Flu medication / Nurofen Plus please complete the following details: [if coughing, please indicate whether it is dry or chesty]

Please list existing health conditions:	Please list current symptoms:	<input type="checkbox"/> days Length of symptoms?
_____	_____	<input type="checkbox"/> Age of Patient?
_____	_____	<input type="checkbox"/> Pregnant?
_____	_____	<input type="checkbox"/> Breastfeeding?

Please list any medication currently used, including non-prescription:

The Pharmacist may need to contact you for further information

Items required: _____

Section D: Prescription Items

1. Sign & date script
2. Photocopy ALL pages
3. Fax together with this form
4. Leave original paperwork at Falls Creek Resort Management Office or Medical Centre

Medicare Card Number: _____
Sub-numerate (beside patient name): _____ Expiry Date: ____/____
Concession Type: (circle) Repat / PMS / HCC / CSHC / Other _____
Card Number: _____ Expiry Date: ____/____
Address to post repeats, if required: _____

Section E: Delivery of Items

Items to be sent to ✓ : ☐ Resort Management Office ☐ Falls Creek Medical Centre
Pick up by 5pm. Photo ID may be required

Section F: Declaration

I, _____, declare that all details provided on this form are correct. I consent to Mt Beauty Pharmacy charging my credit card for items ordered plus \$10 freight costs.

Signature: _____

FAX TO 5754 1550 by 1:00pm for same day delivery (if products available) Monday to Friday
PHONE 5754 4224 with any queries Monday to Friday 9am-5:30pm Saturday 9am-12pm