

Patient Order Form



D.O.B.: _____ Title: _____

Surname: _____

First name: _____

Address: _____

_____ Post code: _____

Phone: _____ Fax: _____

Mobile: _____

Email: _____

I am a (please tick): new patient repeat patient

Payment Details: Visa Mastercard Money Order

Card Number: _____ Expiry: __ / __

Name on card: _____

Signature: _____

Ordering your prescription

We accept orders from patients right across Australia and deliver directly to you. To discuss your order, prescription or pricing please phone us now on 07 3379 2189 or email info@corindacompoundingchemist.com.au

You can mail this form to us along with your original script from your doctor. You can also fax your order and a copy of your script to 07 3379 4541 to fast track your order however we will still require the original script to be mailed to us before we can release the medicine to you.

Corinda Compounding Chemist

PO BOX 33

Corinda QLD 4075

Please note that all deliveries are sent via Australian Post, express post to ensure they are safe, secure and delivered in a timely manner. Standard Australian Post charges apply.