visionaryhealth
COMPOUNDING CHEMIST

PRESCRIPTION ORDER FORM

PERSONAL DETAILS

Title _____ First Name _____ Surname _____

Postal Address _____

_____ State _____ Postcode _____

Tel (home) _____ Tel (work) _____ Mobile _____

Email _____

☐ New Customer ☐ Existing Customer

PAYMENT DETAILS

☐ Cheque ☐ Money Order Credit Card ☐ Visa ☐ Mastercard ☐ Bankcard

Credit Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ / ☐☐

Cardholders Name _____

Signature _____ Date _____

DELIVERY OPTIONS

Express Post ☐ Small: $9.50 ☐ Large: $13.00

Australia Post ☐ Small: $6.50 ☐ Large: $7.50 - $11.00

OTHER PRODUCTS

For a wide range of other items & Re-order Forms please refer to our website: www.visionarychemist.com.au

PRESCRIPTIONS

Prescriptions may be faxed however originals are, by law, required to be sent to our address.
Repeat prescriptions are held by us in your file and can be ordered by phone, fax or email if we have your credit card details on file. If paying by cheque or money order you will need to post this with the relevant Information on a separate piece of paper.
On receiving your medication the label will indicate the amount of repeats (refills) that you have remaining with us.

SPECIAL INSTRUCTIONS

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Please allow at least 24 hours for the preparation of your prescription.
Thank you for purchasing your medication from Visionary Health Compounding Chemist.

PCCA Professional Compounding Chemists of Australia Pty Ltd

136 Beaumont Street, Hamilton NSW 2303 p: 02 4969 5081 f: 02 4969 5091 e: visionarychemist@ozemail.com.au

PLEASE PHONE TO CONFIRM WE HAVE RECEIVED YOUR FAX