

# Gastro Pharma Prescription

South Melbourne Pharmacy  
103 Cecil Street, South Melbourne, Victoria 3205



## Doctor Details

Dr.: \_\_\_\_\_ Prescriber No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

If non-english speaking, please provide  
a phone number to contact: \_\_\_\_\_

Delivery:  Express Post  Pick-up

## Payment Details

### Credit Card

MASTERCARD  VISA Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Funds Transfer:** National Australia Bank

BSB No.: **083 170** Account number: **987 014 469**

<b>RIFAXIMIN</b> 400mg caps @ \$2.40per cap	<b>QTY:</b>
Directions:	
Doctors Signature _____ Date _____	
Gastropharma will phone your patient and confirm payment and delivery address following receipt of signed prescription.	

<b>FURTHER POST-OP PAIN &amp; SOOTHING TREATMENTS AVAILABLE</b>	<b>QTY</b>	<b>PRICE TO PATIENT</b>
Glyceryl trinitrate 0.2% and lignocaine 2% ointment 15gm Directions for use: Apply 1.5cm via anal nozzle to affected area up to three times daily.		\$45.95
Lignocaine 2.5% prilocaine 2.5% tetracaine 1% in Lipoderm ointment 30gm Apply 1.5cm via anal nozzle to affected area up to three times daily.		\$42.95
Doctors Signature _____ Date _____		
Gastropharma will phone your patient and confirm payment and delivery address following receipt of signed prescription.		

**PLEASE FAX COMPLETED PRESCRIPTION  
FORM TO 03 8526 0303**

**p. 03 9690 5240 f. 03 8526 0303  
www.gastropharma.com.au**