

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**

VONOPRAZAN 20mg caps	QTY: 28 \$120
Directions: 1 bd for general hyperacidity.	
Doctors Signature _____ Date _____	
Gastropharma will phone your patient and confirm payment and delivery address following receipt of signed prescription.	

FURTHER POST-OP PAIN & SOOTHING TREATMENTS AVAILABLE	QTY	PRICE TO PATIENT
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**