

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

TREATMENT PROTOCOLS 14 DAYS DURATION : ADULT ONLY.

VONAT THERAPY

MEDICATION	DIRECTIONS	PRICE TO PATIENT
Vonoprazan 20mg x 28 caps + Amoxicillin 500mg x 56 caps + Tetracycline 500mg x 56 caps	1 bd 30mins before food + 1 QID 30mins after food + 1 QID 30mins after food	\$250 (includes express post delivery)

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