

Gastro Pharma Prescription

South Melbourne Pharmacy
111 Cecil Street, South Melbourne, Victoria 3205
Phone: 03 9690 5240



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: Westpac

Account name: South Melbourne Pharmacy

BSB No.: 033 157 Account number: 937 687

TREATMENT PROTOCOLS 14 DAYS DURATION : ADULT ONLY.

OAT THERAPY: FIRST CHOICE

MEDICATION	DIRECTIONS	PRICE TO PATIENT
Omeprazole 20mg x 56 tabs + Amoxicillin 500mg x 56 caps + Tetracycline 500mg x 56 caps	1 qid 1hr before food + 1 qid 1hr after food + 1 qid 1hr after food	\$195 (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 EMAIL COMPLETED PRESCRIPTION FORM TO
southmelbpharmacy@gmail.com OR FAX TO 03 9682 8690

p. 03 9690 5240 f. 03 9682 8690
www.gastropharma.com.au