HPS Compounding

HPS – Alexander Avenue
Morgan House
29 Alexander Avenue
Ashford SA 5035

t (08) 8177 8200
f (08) 8375 3570

Compounded Medicine Prescription Form

Once completed, please send to HPS Compounding via fax on (08) 8375 3570 or email (compounding@hpspharmacies.com.au). The original prescription must be posted to the above address within 7 working days.

Facility Name: _____ **Contact Number:** ( ) _____

Prescriber Details

Full Name: _____ Prescriber Number: _____

Prescriber Signature: _____ Date: _____

By signing this form you agree the below medication is for a patient in your care.

Patient Details

Full Name: _____

Age: _____ Weight: *(if applicable)* _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone Number: ( ) _____

Medication Required

Ingredient/Product: _____ Strength: _____

Form: *(e.g. capsules, cream)* _____ Quantity: _____

Repeats: *(enter number)* _____ Package Size: _____

Specific Instructions: _____

Collection/Postage *(please tick)*

☐ Collect from HPS Compounding at HPS – Alexander Avenue ☐ Deliver to facility

☐ Post to patient *(freight charges may apply)*

☐ Post to other address *(please provide details, freight charges may apply)*

Payment Details *(please tick)*

☐ Contact patient directly ☐ Credit card ☐ Client account

Credit card type: ☐ Visa ☐ Mastercard ☐ Amex *(incurs 3% surcharge)*

Credit card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐/☐☐

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