

## ORDER FORM

|                 |                                   |
|-----------------|-----------------------------------|
| ACCOUNT NUMBER: | PRACTITIONER NAME:                |
| ACCOUNT NAME:   | PRACTITIONER REGISTRATION NUMBER: |
|                 | DATE:                             |

As a registered medical professional I hereby in writing authorise Alchem Compounding Pharmacy to compound the medication below, on my behalf for patient specific treatment regimes

| PRODUCT | DOSAGE FORM | STRENGTH | NUMBER OF UNITS |
|---------|-------------|----------|-----------------|
|         |             |          |                 |
|         |             |          |                 |
|         |             |          |                 |
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|         |             |          |                 |
|         |             |          |                 |
|         |             |          |                 |
|         |             |          |                 |
|         |             |          |                 |

Patients below have authorised me to order compounded medication on their behalf.

| Name | Surname | Date Of Birth |
|------|---------|---------------|
|      |         |               |
|      |         |               |
|      |         |               |
|      |         |               |
|      |         |               |

PRACTITIONER SIGNATURE: \_\_\_\_\_

