

FORM 1 – PRESCRIPTION ORDER FORM WITH QUOTE NUMBER

- For customers who wish to order and despatch scripts who registered their details with us and received a Quote No. when we costed your prescriptions.
- Please include the Quote No on this form so we can check your records. There are several payment options.
- Payment is at time of prescription being filled and includes the prescription cost as quote plus a small delivery fee*. * Delivery fee may vary, depending on size of order.
- **Phone 1300 587 345 for any assistance with your forms**

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|--|---|
| 1. PRESCRIPTION REFERENCE DETAILS | Quote Number |
| Surname | Initials |
| Please keep my script repeats on file for future requests and advise when it is the last. <input type="checkbox"/> YES <input type="checkbox"/> NO | Please return my scripts with order. <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|--|---------------------------|
| 2. PAYMENT OPTIONS - please select one | |
| When prescription is filled, please debit my <input type="checkbox"/> Visa Card <input type="checkbox"/> Mastercard | Credit Card Number |
| | Expiry Date |
| Signature | Date |
| OR Before despatch, please phone me for payment details. | Phone Number |

| | | |
|----------------------------|---------------------|-------------------------------|
| 3. SCRIPTS ATTACHED | | |
| | Name of Drug | Script Attached ✓ Tick |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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|--|
| 4. PLEASE POST THIS FORM WITH YOUR PRESCRIPTIONS TO |
| Scripts2U Pharmacy Free Post Reply Paid PO Box 198 MOOROOPNA VIC 3629 |