

**REQUEST A QUOTE | 2 PAGE PRINTABLE FORM | [www.scripts2u.com.au](http://www.scripts2u.com.au)**

**ENQUIRY FOR COSTS ON DISCOUNT PRESCRIPTIONS**

Scripts 2U Discount Prescriptions for Australian residents

**1300 587 345**

Please complete this form as accurately as possible, so we can respond with a price check on your prescription. If you require assistance with your enquiry OR would prefer to talk to our pharmacists, we are available six days per week on **1300 587 345** - 8.30am-6.00pm [Mon-Fri] 9.00am-12.30pm [Sat] Eastern Standard Time.

<b>1. CONTACT DETAILS</b>	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First Name	Last Name
Phone No	Mobile No
Email Address	Fax No
Home Address	
State	Postcode
Delivery Address	
State	Postcode
How would you like us to contact you with prices and queries? Please tick ✓ one or more	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Post

<b>2. MEDICARE &amp; CONCESSION CARDS</b> Please tick ✓ and indicate what benefits you have		
Card Type	Card Number	Expiry Date on Card
Medicare Card		
Pension Card		
Concession Card		
DVA Gold		
DVA White		



**3. MEDICATION DETAILS/SCRIPTS REQUIRED**

Please complete as accurately as possible your prescription details. Please choose your script type\* as indicated on your script. (PBS-RPBS, PBS-RPBS Authority, Private, CTG)\*

	Name of Drug	Strength	Quantity	Script Type
1				
2				
3				
4				
5				
6				
7				

**4. FURTHER INFORMATION**

Please add any further information that is relevant to assist with your script enquiry.

**5. PLEASE DATE AND DESPATCH VIA FREE POST OR FAX**

Date        /        /

**Post:** Scripts2U Pharmacy, FreePost Reply Paid, PO Box 198, Mooroopna, Vic 3629

**Fax:** (03) 5825 3402

**THANK YOU FOR FILLING IN THIS ENQUIRY FORM. WE SHALL BE BACK TO YOU WITHIN 1-2 WORKING DAYS OF RECEIVING IT.**