Gastro Pharma Prescription

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

GASTRO PHARMA

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: _____

TREATMENT PROTOCOLS 14 DAYS DURATION : ADULT ONLY.		
QUAD THERAPY: PENICILLIN ALLERGIC PATIENT		
MEDICATION	**DIRECTIONS**	**PRICE TO PATIENT**
Omeprazole 20mg x 42 tabs + Metronidazole 400mg x 42 tabs + Bismuth Subcitrate 250mg x 56 caps + Tetracycline 500mg x 56 caps	1 tds 1hr before food + 1 tds 1hr after food + 1 qid 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 afftected 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