REQUEST FOR COMPOUNDED MEDICINES

COMPLETE and FAX to: (09) 442 5851

PHARMACEUTICAL COMPOUNDING NZ LIMITED

Conditions of Supply

1. Compounded prescription medicines will be supplied by PCNZ under Regulation 44 of the Medicines Regulations 1984.
2. The requesting Doctor is responsible for packaging, labelling, and counselling to the patient.
3. The requesting Doctor is responsible for their own record keeping and reporting requirements.

Date:_____ **Contact phone number:** _____

Requesting Clinic Name: _____

Delivery Address : _____

_____

Medicine (including dose form & dose strength)	Patient name	Quantity Required

I hereby request PCNZ to compound the medicines listed for these patients under my care.

Requesting Doctor's name:_____ **Registration Number:**_____

Signature: _____

Request Form - Doctor Version: 1-12-2008

Please note that our telephone numbers have changed, however our other contact details remain the same

62C Diana Drive, Glenfield, North Shore 0627, P.O. Box 101 142 North Shore Mail Centre 0745, Auckland NZ
Direct line to Customer Services: (09) 442 1728 General Enquiries (09) 442 1727
email: info@pharmaceutical.co.nz