COMPOUNDING PRESCRIPTION

DOCTOR'S DETAILS	
DATE	
DR'S NAME & PRACTICE	
PRESCRIBER NO.	
DR'S PHONE	
DR'S FAX	

PATIENT DETAILS			
NAME			
PHONE NO.	(H)		
	(M)		
ADDRESS			
D.O.B.		WEIGHT	

℞ (incl Strength; Quantity; Repeats; Modified Release)

DR'S SIGNATURE		DATE	

CHRIS TESTA'S
TUGUN COMPOUNDING PHARMACY
Medication made just for you

Shop 2, 457 Golden Four Drive, Tugun QLD 4224
Postal Address: PO Box 639, Tugun QLD 4224
P: 07 5598 2411
F: 07 5598 3371
E: tuguncom@bigpond.net.au
W: www.tuguncompounding.com.au