

Gastro Pharma Prescription

South Melbourne Pharmacy
103 Cecil Street, South Melbourne, Victoria 3205



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: _____

Funds Transfer: ANZ
BSB No.: **013 270** Account number: **150 988 456**

TREATMENT PROTOCOLS 14 DAYS DURATION : ADULT ONLY.

OAT THERAPY: FIRST CHOICE

MEDICATION	DIRECTIONS	PRICE TO PATIENT
Omeprazole 25mg x56 caps + Amoxicillin 500mg x56 caps + Tetracycline 500mg x56 caps	1 qid 1hr before food + 1 qid 1hr 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.

RIFAXIMIN 400mg caps	QTY:
Directions:	
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 affected 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 FAX COMPLETED PRESCRIPTION
FORM TO 03 8526 0303

p. 03 9690 5240 f. 03 8526 0303
www.gastropharma.com.au