

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.

QUAD THERAPY: PENICILLIN ALLERGIC PATIENT

MEDICATION	DIRECTIONS	PRICE TO PATIENT
Omeprazole 25mg x 42 caps + 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.

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