PHARMACY NUTRITION WAREHOUSE

ORDER FORM

CUSTOMER DETAILS (Please use BLOCK letters)

Title First Name Last Name

Delivery Address

Suburb State Postcode Email

Daytime Phone Number Mobile ☐ I do not wish to receive information about specials and promotions

PRESCRIPTION DETAILS (Complete only if ordering prescription items)

Patient 1 Name as appears on Medicare card

Medicare Number / ◄ Number appearing before your name Expiry Date MM / YYYY

Concession Number Please tick: ☐ Pension Card ☐ Healthcare Card Expiry Date MM / YYYY

Repatriation Number Please tick: ☐ Gold Card ☐ Other Expiry Date MM / YYYY

Safety Net Number

Patient 2 Name as appears on Medicare card

Medicare Number / ◄ Number appearing before your name Expiry Date MM / YYYY

Concession Number Please tick: ☐ Pension Card ☐ Healthcare Card Expiry Date MM / YYYY

Repatriation Number Please tick: ☐ Gold Card ☐ Other Expiry Date MM / YYYY

Safety Net Number

I would like the less expensive brand of my medication if available. ☐

I require a receipt for my private health fund. ☐

Please keep my repeat prescriptions for fast dispensing. ☐

Comments: _____

Do you have any of the following allergies? Please tick where applicable:

☐ Aspirin ☐ Codeine ☐ Erythromycin ☐ Penicillin ☐ Sulpha ☐ Tetracycline

Do you have any of the following conditions? Please tick:

☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Glaucoma ☐ Heart condition

☐ High blood pressure ☐ Stomach Ulcers ☐ Thyroid ☐ Other: _____

ORDER DETAILS

Product Name	Size	Quantity	Price
POSTAGE & HANDLING COSTS: If your order includes 3 or more prescriptions, postage & handling is FREE. Otherwise: Sydney Metro: $6.95, Country NSW + ACT: $7.95, VIC + QLD: $9.95, SA + TAS: $10.95, WA + NT: $11.95 If placing an order of $150 or more, please call to check if you are eligible for discount postage & handling.		Subtotal Postage and Handling TOTAL	

PAYMENT OPTIONS

Please choose your payment method:

☐ I enclose cheque / money order

☐ Please charge my credit card: ☐ Bankcard ☐ Visa ☐ Mastercard

Name of credit card holder _____ Signature _____

Credit Card Number Expiry Date MM / YY

Post this order form to: PNW Mail Orders, P.O. Box 7, Toongabbie NSW 2146 OR Fax to: (02) 9688 4833

56 Aurelia St, Toongabbie NSW 2146 Sydney Ph: (02) 9688 1255 Australia Ph: 1300 135 882 e-mail: pnw@pnw.com.au website: www.pnw.com.au