OPTIMUS HEALTHCARE LIMITED

PCCA Professional Compounding Centers of America

COMPLETE & FAX TO (09) 580 0917 (Please Attach Prescriptions)

This document has been prepared for the supply of medicines pursuant to Sect 26 (3a) of the Medicines Act 1981 and Regulation 44 of the Medicines Regulation 1984.

CONTRACT COMPOUNDING REQUEST FORM

Date: _____ Contact:_____

Pharmacy:_____

Street Address:_____

Tel. No. _____ Fax. No._____

(circle)

Medicine or Service Request	Qty	Patient Name	Initial	Rep 1	Rep2	Stat
1			#0	R1	R2	Stat
2			#0	R1	R2	Stat
3			#0	R1	R2	Stat
4			#0	R1	R2	Stat
5			#0	R1	R2	Stat

Conditions of Supply

1. A copy of the ORIGINAL PRESCRIPTION or Certified True Copy of prescription must be faxed for each medicine request. Pharmacy generated CRC repeat forms are not acceptable.
2. The requesting pharmacy is responsible for final packaging, labelling and issuing of expiry dates. Optimus Healthcare Ltd supply a suggested expiry date only.
3. The requesting pharmacy is responsible for record keeping,, dispensing and counselling of the receiving patient.
4. Optimus can only compound pursuant to a LEGAL and VALID prescription written by a NZ registered prescriber

I hereby request Optimus Healthcare to compounding the above medicines for which I hold the original prescription.

Signed:_____ (Pharmacist) Print Name: _____

Optimus Healthcare Ltd, 4b Walls Rd, Penrose, Auckland, NZ Ph (09) 580 0915 Fax (09) 580 0917
Email pharmacist@optimushealth.co.nz