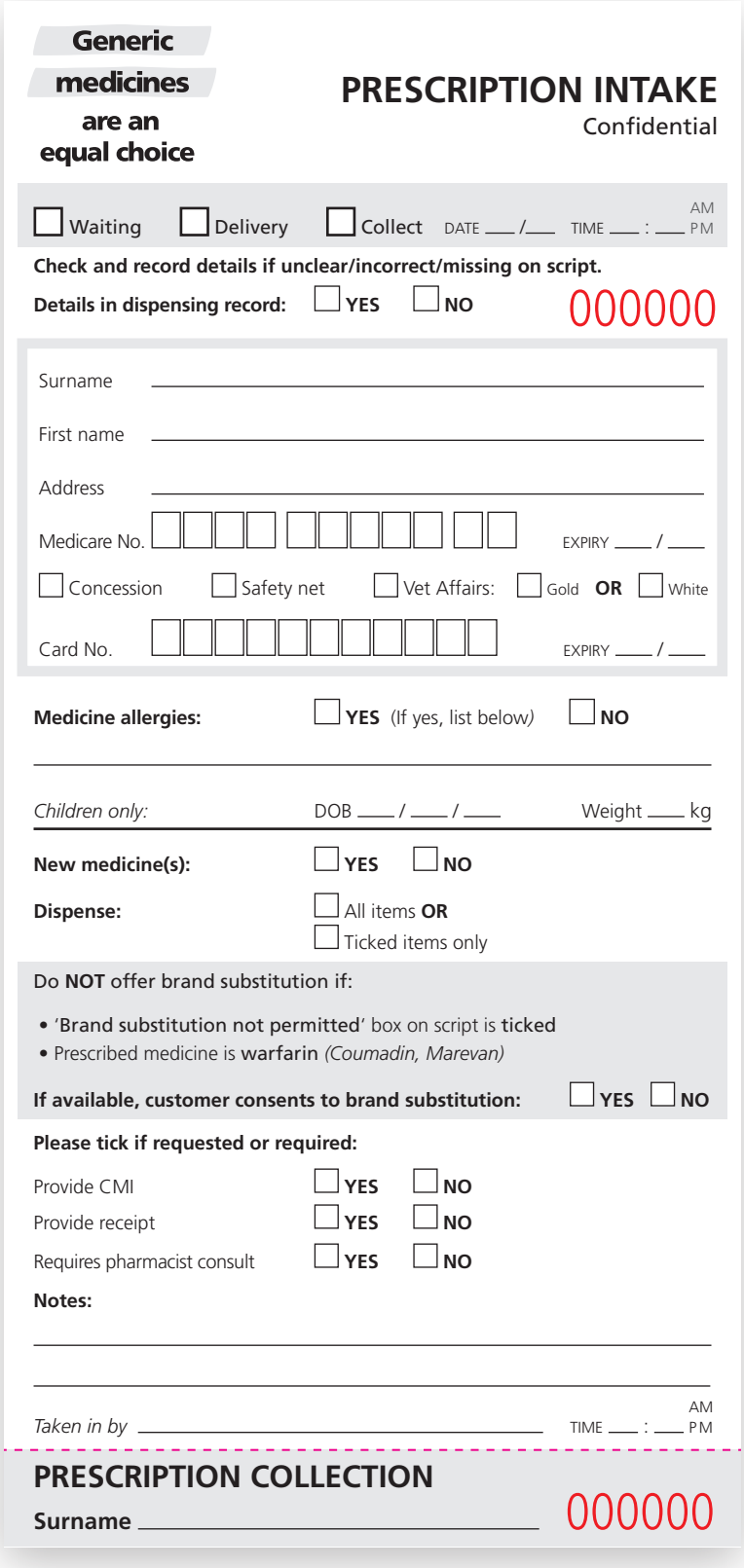
Prescription Intake Forms



Generic medicines are an equal choice

PRESCRIPTION INTAKE
Confidential

☐ Waiting ☐ Delivery ☐ Collect DATE ___ / ___ TIME ___ : ___ AM PM

Check and record details if unclear/incorrect/missing on script.

Details in dispensing record: ☐ **YES** ☐ **NO** 000000

Surname _____

First name _____

Address _____

Medicare No. ☐☐☐☐ ☐☐☐☐☐ ☐☐ EXPIRY ___ / ___

☐ Concession ☐ Safety net ☐ Vet Affairs: ☐ Gold **OR** ☐ White

Card No. ☐☐☐☐☐☐☐☐☐☐ EXPIRY ___ / ___

Medicine allergies: ☐ **YES** (If yes, list below) ☐ **NO**

_____

Children only: DOB ___ / ___ / ___ Weight ___ kg

New medicine(s): ☐ **YES** ☐ **NO**

Dispense: ☐ All items **OR** ☐ Ticked items only

Do **NOT** offer brand substitution if:

- 'Brand substitution not permitted' box on script is **ticked**
- Prescribed medicine is **warfarin** *(Coumadin, Marevan)*

If available, customer consents to brand substitution: ☐ **YES** ☐ **NO**

Please tick if requested or required:

Provide CMI ☐ **YES** ☐ **NO**

Provide receipt ☐ **YES** ☐ **NO**

Requires pharmacist consult ☐ **YES** ☐ **NO**

Notes:

_____

_____

Taken in by _____ TIME ___ : ___ AM PM

PRESCRIPTION COLLECTION

Surname _____ 000000