

PHARMACY REQUIREMENTS RE PERSO PACK PATIENTS FORM

Surname:.....

Christain Names.....

Date of Birth.....

Medicare Number.....
Expiry Date.....Prefix No.....

Health Care Card/Pension Card/
Repat (Gold or White) Card.....

Safety Net Number (If applicable).....

Contact Relative (If Applicable).....

Phone Number of Contact Relative.....

Doctor.....

Address for Accounts.....

Allergies.....

ALONG WITH:

1. Up-to-date Medication Chart to be obtained by patient from his/her doctor. This can be faxed through to Wangaratta Pharmacy on 57 21 9039 to save collection from surgery
2. All current medication to be brought to the pharmacy
3. All current prescriptions and/or repeats to be brought to the pharmacy