



**FORM 2 – PRESCRIPTION ORDER FORM WITHOUT QUOTE NUMBER**

- For customers who wish to order and despatch scripts who HAVE NOT previously registered an enquiry with their details to us and received a Quote No.
- Payment is at time of prescription being filled and includes the prescription cost plus a small delivery fee\*.  
\* Delivery fee may vary, depending on size of order.
- **Phone 1300 587 345 for any assistance with your forms**

**1. CONTACT DETAILS**

Mr    Mrs    Miss    Ms

First Name

Last Name

Phone No

Mobile No

Email Address

Fax No

Home Address

State

Postcode

Delivery Address

State

Postcode

How would you like us to contact you with prices and queries?  
Please tick ✓ one or more

- Phone                       Mobile  
 Email                         Fax  
 Post

**2. MEDICARE & CONCESSION CARDS** Please tick ✓ and indicate what benefits you have

Card Type

Card Number

Expiry Date on Card

Medicare Card

Pension Card

Concession Card

DVA Gold

DVA White



**3. MEDICATION DETAILS/SCRIPTS REQUIRED**

Please complete as accurately as possible your prescription details. Please choose your script type\* as indicated on your script. (PBS-RPBS, PBS-RPBS Authority, Private, CTG)\*

	Name of Drug	Strength	Quantity	Script Type	Script Att ✓
1					
2					
3					
4					
5					
6					

**4. FURTHER INFORMATION** Please add any further information that is relevant to assist

**5. PAYMENT OPTIONS** Please select one

When prescription is filled, please debit my <input type="checkbox"/> Visa Card <input type="checkbox"/> Mastercard	Credit Card Number
Signature	Expiry Date
OR Before despatch, please phone me for payment details.	Date
	Phone No

**6. PLEASE DATE**

Date      /      /

**7. PLEASE POST THIS FORM WITH YOUR PRESCRIPTIONS TO**

Scripts2U Pharmacy  
Free Post Reply Paid  
PO Box 198  
MOOROOPNA VIC 3629