



SIR CHARLES GAIRDNER HOSPITAL
OUTPATIENT PHARMACY
DISPENSING REQUEST FORM



You can post your prescriptions to the Outpatient Pharmacy at Sir Charles Gairdner Hospital and have your medication dispensed in preparation for collection from the Outpatient Pharmacy. Post your prescriptions and this completed form to:

Outpatient Pharmacy
 Sir Charles Gairdner Hospital
 Ground Floor, E Block
 Hospital Avenue
 NEDLANDS WA 6009

Please allow 10 business days from when you POST the prescription(s) and this completed form to when your medication will be ready for collection.

Ensure you have included:

- Both copies of the prescription/s (original and duplicate OR repeat and duplicate). Please note we can only accept prescriptions written on Sir Charles Gairdner Hospital paperwork.
- This completed form
- A stamp on the envelope

Please complete the following information:

Date sent: ____ / ____ / ____ Date of collection: ____ / ____ / ____

Patient name: _____ Phone number: _____

Medicare card number: _____ Expiry date: _____

Concession/DVA card number (if applicable): _____ Expiry date: _____

Safety Net card number (if applicable): _____ Expiry date: _____

Do you have any allergies? YES or NO (please circle) If yes, outline the allergies and the reaction: _____

What medications are you currently taking: _____

Medication(s) required to be dispensed:	Current dose:	Number of months requested:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Please tick the box which applies to you:

- I would like a phone call once my medication is ready
- I would like an SMS text message (mobile numbers only) once my medication is ready