



SIR CHARLES GAIRDNER HOSPITAL
**OUTPATIENT PHARMACY
DISPENSING REQUEST FORM**



You may post your prescriptions for dispensing by the Outpatient Pharmacy at Sir Charles Gairdner Hospital to:

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

In addition to this completed form, please ensure you have also 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.
- ☐ A stamp on your envelope

Please allow 10 business days between the date that paperwork is posted and your requested delivery/collection date. Date this paperwork is sent by mail:/...../.....

PATIENT DETAILS

Patient Name:	Mobile Phone*:	
Date of Birth:/...../.....	Medicare Number & Expiry:	EXP:
UMRN (e.g. K1234567):	Concession/DVA Number:	
Allergies (including type of reaction): (e.g. penicillins – rash)	Safety Net Number:	
	Pharmacy that issued Safety Net Card:	
	Pharmacy's Phone Number:	

MEDICATION ORDER DETAILS

Medication name (e.g. tacrolimus IR)	Current dose (e.g. 3mg twice a day)	No. of months supply requested

MEDICATION HISTORY

Please list any additional medications that you take (excluding those listed above):

COLLECTION/DELIVERY DETAILS

How would you like to receive your medication? (Tick one option below)

- ☐ **In-person** from SCGH Outpatient Pharmacy on: **Date:**/...../..... **at time:** :
 - ☐ **Medication Parcel Locker (MPL) collection** on: **Date:**/...../..... **at time:** :
 - ☐ **Delivery (via courier service)** to address:
(this service is currently available only to country patients)
.....
- I would like my medication to **arrive** at the nominated address on: **Date:**/...../.....

*N.B. By providing your contact number you are giving consent for the SCGH Outpatient Pharmacy to contact you via voice call or SMS (mobile phone number only).