



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**  
**E block, Ground Floor**  
**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 that we can only accept prescriptions written or printed on Sir Charles Gairdner Hospital paperwork).*

**What date are you sending this form with your prescription(s)?** ...../...../.....

*Please allow 10 business days between the date your paperwork is posted and your requested collection/delivery date.*

**PATIENT DETAILS**

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

**MEDICATION ORDER DETAILS**

Medication name (e.g. Tacrolimus IR 1mg capsules)	What is your <u>current dose</u> ? (e.g. 2mg twice a day)	How many months of medication would you like?

**MEDICATION HISTORY**

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

**COLLECTION / DELIVERY DETAILS**

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

- In-person** from Outpatient Pharmacy (between 8:30am – 5pm): **Date:** ...../...../..... **at time:** ..... : .....
- Medication Locker collection** (between 5am – 8:30pm): **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 by: **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).*