

Prescription Information

It is important that the prescription and use of any medicines are handled in the appropriate manner. Please read this carefully, sign, date and check the box where indicated below.

How You Will Receive Your Prescription

I will send e-scripts whenever possible. They can be sent directly to your mobile phone or email. If you prefer that I send them directly to the pharmacy, I will need the email of the pharmacy.

Important Notes Regarding Your Prescription

- Stimulant prescriptions, if they are deemed necessary, may not be prescribed at the first consultation.
- In certain situations, I will need to apply for a permit from the Department prior to prescribing.
- I may request that the prescriptions are held at the pharmacy. In order to save time, record all the relevant details of your pharmacy in the registration form.
- Any changes to the prescribing schedule MUST be negotiated with me in advance.
- Lost medicines or prescriptions are not generally replaced.
- Prescriptions for stimulants are generally not valid for dispensing outside the state of Victoria. Their prescription validity is six months from the date of being written. The pharmacist would not dispense after that date even if repeats are on the prescription.
- Please ensure you have adequate medicines/prescriptions to continue your recommended dosage until your next consultation.
- The pharmacy may be advised not to dispense medicines earlier than when it falls due. If you need extra medicines due to being away, etc. you need to make prior arrangements (except in an emergency due to unforeseen circumstances) with the doctor, giving us adequate time to call the pharmacy, etc.
- If you are carrying the medicine, it is best to take the required amount in the bottle/pack it was dispensed. Keep a record of the pharmacy details and make sure that you have the appropriate letter from the doctor regarding your medicines.
- If you are traveling overseas you will need to check whether the medicine can be legally taken into that country.
- Please make sure you have necessary documentation to carry your prescribed medicines.

NAME:

SIGNED:

TODAY'S DATE: / /

By checking this box, you agree that the name or mark above constitutes your electronic signature and agreement to the terms outlined herein.