



Australian Custom Pharmaceuticals

NUTRITIONAL COMPOUNDING ORDER FORM (for doctors)



Patient Details:

Name: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Post Code: _____ Phone: _____

AM Program	Strength	PM Program	Strength
Vit C Corn free (mg)		Vit C Corn free (mg)	
B-6 (mg) <i>Script required for quantities exceeding 200mg of combined B-6 & P5P</i>		Zinc as Picolinate (mg) <i>Script required for quantities exceeding 50mg</i>	
P5P (mg) <i>Script required for quantities exceeding 200mg of combined B-6 & P5P</i>		Manganese as Gluconate (mg)	
Vit E Succinate (IU)		Vitamin E Succinate (IU)	
Vitamin E Syn soy-free (IU)		Vitamin E Syn soy-free (IU)	
Biotin (mcg)		Biotin (mcg)	
Cyanocobalamin (vitamin B-12) (mcg)		Cyanocobalamin (vitamin B-12) (mcg)	
Methylcobalamin (vitamin-B12) (mcg)		Methylcobalamin (vitamin-B12) (mcg)	
Folic Acid (mcg)		Folic Acid (mcg)	
Folinic Acid (mcg)		Folinic Acid (mcg)	
Niacinamide (mg)		Niacinamide (mg)	
Chromium as Polynicotinate (mcg)		Chromium as Polynicotinate (mcg)	
Chromium as Picolinate (mcg)		Chromium as Picolinate (mcg)	
Methionine (mg)		Methionine (mg)	
Calcium as Carbonate (mg)		Calcium as Carbonate (mg)	
Calcium as Citrate (mg)		Calcium as Citrate (mg)	
Magnesium as Glycinate (mg)		Magnesium as Glycinate (mg)	
Magnesium as Oxide (mg)		Magnesium as Oxide (mg)	
Vitamin A (IU) <i>Script required for quantities exceeding 10000IU</i>		Vitamin A (IU) <i>Script required for quantities exceeding 10000IU</i>	
Beta Carotene (IU)		Beta Carotene (IU)	
Molybdenum (mcg)		Molybdenum (mcg)	
Selenium (mcg) as Selenomethionine <i>Script required for quantities exceeding 300mcg</i>		Selenium (mcg) as Selenomethionine <i>Script required for quantities exceeding 300mcg</i>	
Vitamin D (IU) <i>Script required for quantities exceeding 25mcg (1000IU)</i>		Vitamin D (IU) <i>Script required for quantities exceeding 25mcg (1000IU)</i>	
Taurine (mg)		Taurine (mg)	
Serine (mg)		Serine (mg)	
Ferrous Gluconate (mg)		Ferrous Gluconate (mg)	

Please check appropriate box below for AM/PM Program

Powder **OR** Capsules

Check box if patient has a soy allergy

TOTAL DOSAGES REQUIRED (or time) _____

Note to Compounding Pharmacists: dispense as ELEMENTAL VALUE

Payment Details:

Visa MasterCard Cheque/Money Order

Cardholders Name: _____

Card Number: _____ / _____ / _____ / _____

CVN: _____

Expiry Date: ____ / ____ / ____ Signature: _____

Located on the back of your Credit Card

Last update: 22 Oct 2009

Physician Signature — dispense as written

Physician Printed Name

Date

PLEASE SEND COMPLETED ORDER FORM TO
FAX: 02 8536 4155 / **EMAIL:** enquiry@acpharm.com
PO BOX: 2502 Taren Point NSW 2229

Unit 1, 4 Endeavour Road, Taren Point, NSW, 2229
Phone: 1300 853 620 **Fax:** 02 8536 4155
Web: www.acpharm.com **Email:** enquiry@acpharm.com