

# Patient Ordering System



Practitioner Stamp:			
Telephone:		Mobile:	
Provider No:			
Date:		Account:	

Patient:

Address: First name Surname  
No. Street  
Suburb P/C  
State Mobile: Country

Special delivery instructions, or address if different:

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Practitioner's Signature: \_\_\_\_\_

*\*Please note that freight will be added to orders. Our courier can deliver only to an actual street address, not to a Post Office. Courier will not leave parcel at an unattended address unless specified. Postage at cost for international parcels.*

Brand	Description	Size	Dose	Quantity	No of repeats

Payment by credit card (Visa, M/C, B/C) or send cheque to TMS at address below.  
 Payment must be made at time of purchase. Please do not send cash in the post. Please fax or mail form to TMS.

**Patient credit card details:**

Name on card: \_\_\_\_\_

Type of card: \_\_\_\_\_

Card no: 

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Expiry date: \_\_\_\_\_ / \_\_\_\_\_ Credit Card CVC Number \_\_\_\_\_ (3 digits on back of card)

Traditional Medicine Supplies (TMS) Pty Ltd  
 8/890 Bourke Street, Waterloo NSW 2017 PO Box 7052, Alexandria NSW 2015 Fax: 02 8063 8899 Phone: 02 8063 8800

**Office use only: Total** (including GST and freight) \$ \_\_\_\_\_ **Has patient approved cost?** Y/N  
**TMS Ref:** \_\_\_\_\_