

eMedical Pharmacy Online: How to Order

Mail

Please fill in the form enclosed with this catalogue. If you are ordering prescription medication, you must complete the sections relating to your medical history and current medications and allergies. You must also insert your Medicare number and details of any Health Care or Concession cards. Together with the order form, please enclose:

- The original prescription signed by your doctor
- A photocopy of your concession or health care card if you have one
- A photocopy of your Medicare card (optional)

Postal address:

eMedical Pharmacy Online
Reply Paid 80
KEILOR VIC 3036

No postage stamp is required.

On receipt of the order form, prescription and documentation supporting your eligibility for

concessional pricing, we will immediately dispatch your order.

You may use your credit card (Visa, MasterCard, Bankcard, American Express or Diners) or send a cheque or money order to eMedical Pty Ltd. Please include photocopied identification such as your driver's licence if you are sending a personal cheque.

Online

eMedical Pharmacy Online is at **emedical.com.au/pharmacy**. Full instructions for ordering are available in the How to Shop section. If you require prescription items, you must post the prescription to the address shown above.

Phone

Call **1800 200 736** to order any of the items in this catalogue. We are happy to take enquiries about items not included here or any other general pharmacy queries. The eMedical phone is attended

from 9:00AM to 5:00PM Monday to Friday, Australian Eastern Standard Time (excluding public holidays in Victoria). If you require prescription items, you must post the prescription to the address shown above.

Fax

Please fill in the form enclosed with this catalogue, and fax it to **(03) 9331 6748**.

If you require prescription medications, you must post the prescription to the address shown above. We are not able to accept prescriptions sent by fax.

Email

Send an email with all the details requested on the enclosed order form to **pharmacy@emedical.com.au**.

If you require prescription items, you must post the prescription to the address shown above. Please note that email is not necessarily a secure or private mode of communication for confidential health information.

Deliveries and Payment

Payment

eMedical Pharmacy Online accepts MasterCard, Visa, Bankcard, American Express and Diners. Alternatively, you may send a cheque made payable to eMedical Pty Ltd. If you are sending a cheque, please enclose a photocopy of signed identification, preferably an Australian driver's licence.

Delivery Fee

A delivery and handling fee of \$6.95 (including GST) applies to all orders, providing the total weight of your order is less than 500 grams and no special packaging is required. For non standard orders (greater than 500 grams, fragile or bulky items) the cost will vary. eMedical Pharmacy Online will contact you to advise and confirm the total cost including the adjusted delivery charge.

If you order includes a PBS General, PBS Authority, Concession or Safety-Net prescription the \$6.95 delivery fee is waived. (or discounted by \$6.95 for non-standard items as described above).

Receiving Your Delivery

Australia Post will deliver all orders directly to the address that you provide. Deliveries require the signature of the person in whose name the order was made. If you are not present at the time of delivery, a card will be left in your letterbox advising that you may collect the parcel from your nearest post office.

Please allow normal postage times for delivery via Australia Post.

For privacy, all parcels will be unmarked and in standard Australia Post protective padded bags, and entirely secure as registered mail.

Returns and Refunds

Your complete satisfaction with the eMedical Pharmacy Online service is our highest priority. If you are dissatisfied in any way, please call 1800 200 736. (Australian callers only)

Terms and Conditions

eMedical accepts no responsibility for any medical events or outcomes relating to use of medications purchased via eMedical Pharmacy Online.

eMedical Pharmacy Online will only accept orders from and dispatch goods within Australia.

eMedical Pharmacy Online will only dispense prescription medication following receipt of a legal prescription issued by a registered Australian medical practitioner.

eMedical Pharmacy Online provides advice and counselling regarding the use of medications and enquiries regarding delivery of these products via the free phone service 1800 200 736 between 9am and 5pm (Australian Eastern Standard / Daylight Time) Monday to Friday excluding public holidays. This phone service is only available within Australia.

By placing an order through eMedical Pharmacy Online, the user affirms that:

- They have no known allergies to, sensitivities to, or intolerance of any products ordered.
- They have no known medical conditions predisposing to adverse reactions to any products ordered.
- They are not taking any concurrent medications with which the products ordered are likely to interact.
- For prescription items: they have received counselling from a health care professional about the indications, actions, interactions and side effects of any medications they have been prescribed, including the likely effects of not taking the medication.
- For non-prescription items: they assume all responsibility for adverse outcomes that occur as a result of using the product(s) ordered.

Your order
Product name
Price

Product code

Quantity

			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

Please note: In some situations, delivery costs may vary.
 Please see "How to Order" for more information
 We will advise you if the delivery fee is more than \$6.95

Subtotal \$.

Delivery fee \$.

Total \$.

Are there any prescription items in this order?

No *If you wish, you may skip ahead to section 6: Payment details.*

Yes *Please answer the questions in the sections 3, 4 and 5 very carefully. Please enclose the original prescription signed by your doctor when you send this order form.*

3 Repeats and Generic Substitution

Would you like eMedical to manage your repeat prescriptions?

No *Please send another order form when you require more medications.*

Yes *Call eMedical on 1800 200 736 or send an email to info@emedical.com.au when you require more medications.*

Would you like eMedical to substitute less expensive equivalent medication for brand name products if available and your doctor agrees?

No

Yes

4 Health Card Numbers

Important: The information in sections 4 and 5 of this form refers to the patient, i.e. the person whose name is on the prescription. If you are ordering prescription medication for more than one person, please photocopy this page and complete sections 4 and 5 for each patient.

Medicare card:

Medicare no.

Patient no (i.e. the number in front of the patient's name).

Patient's name

Write the name exactly as it appears on the Medicare card

Expiry date: /

Concession cards:

Please send a photocopy of your card with this form.

Health care card no. Expiry date: /

Pension no. Expiry date: /

Repatriation no. Expiry date: /

Gold card Other

Safety net no. Expiry date: /

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Medical History

Name of patient:

Date of birth: Day Month Year

Sex: Male Female:

If female: Pregnant? Yes No

Breastfeeding? Yes No

Medication allergies:

No known allergies or...

penicillin, amoxicillin, Augmentin sulfa, Bactrim, Septrin codeine tetracycline, doxycycline erythromycin aspirin

Other(s); please specify: _____

Medical conditions:

No ongoing medical conditions or...

asthma, emphysema, other lung conditions heart attack, angina, other cardiac conditions epilepsy

high blood pressure diabetes reflux, severe heartburn, gastric or duodenal ulcers thyroid conditions

renal (kidney) failure glaucoma chronic hepatitis, liver damage or failure depression or other psychiatric conditions

Other(s); please specify: _____

Regular Medications: This question applies to prescription and non-prescription medications, including creams, eye and ear drops, herbal and complimentary medicines

No regular medication or... Please list: _____

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Payment Details

Cheque or money order: amount \$.

Please make your cheque payable to eMedical Pty Ltd. Please enclose photocopied identification with your name, address and signature (e.g. driver's licence)

Credit Card: Visa MasterCard American Express Diners Club

Card number

Signature _____ Expiry date: /

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Send a Catalogue: eMedical will send a catalogue to family or friends if you give the details.

Title: Mr Ms Mrs Miss Dr Other:

Given name:

Family name:

Home address:

Unit no. Street no.

Street name

Street, cont

Suburb/town:

State Post code:

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Send Your Order to eMedical

Please post this form and any other documentation (e.g. prescriptions, copies of Medicare or health care cards) to:

Post **eMedical Pharmacy Online** or Fax this form to **(03) 9331 6748**

Freepost 80 or Phone your order to **1800 200 736**

KEILOR VIC 3038 or Email your order to **info@emedical.com.au**