

**ORPHAN DRUG ORDER AND PAYMENT FORM TO BE FAXED OR MAILED  
TO TRI-MED:- FAX No: (08) 9388 1744 : PHONE No:- (08) 9388 1444**

<b>Patient's name:</b> -----	<b>Doctor:</b> -----
<b>Address:</b> ----- ----- -----	<b>Address:</b> ----- ----- -----
<b>Home Phone No:</b> -----	<b>Surgery Phone No:</b> -----
<b>Work Phone No:</b> -----	<b>Fax number</b> -----
<b>Mobile Phone No:</b> -----	<b>Email contact</b> -----

Name of Medication	Price Ex GST	Quantity Required	Value
DICYCLOMINE (100 x 20mg Tablets)	\$78.00		
DENOL (1Box of 40 tablets/ 120mg each)	\$65.00		
DENOL (2Boxes of 40 tablets/ 120mg each)	\$115.00		
FURAZOLIDONE (30 tablets bottle; 100 mg tablets)	\$65.00		
FURAZOLIDONE (2 x 30 tablets bottle; 100 mg tablets)	\$115.00		
NITAZOXANIDE (60 tablets a bottle; 500mg tablet)	On Request		
NITAZOXANIDE Paediatric Oral Suspension 60 mls.	On Request		
TETRACYCLINE (60 Capsules/bottle; 250mg capsules)	\$65.00		
TETRACYCLINE (2 Bottles as above for 14 day treatment)	\$115.00		
RIFAXIMIN (30 x 100mg tablets )	120.00		
LEVOFLOXACIN (20 x 500mg tablets)	120.00		
AUSTPOST EXPRESS- Please allow 4-5days)	\$ 8.00		
OVER-NIGHT COURIER SERVICE	\$28.00		
<i>Please indicate where drugs are to be sent to [Cross-out one or the other in the columns on the right-hand-side of this row]</i>	Patient <input type="checkbox"/>	Surgery <input type="checkbox"/>	Other <input type="checkbox"/>

**Please note there is no GST charged if invoiced directly to the patient.**

**Drugs will be sent directly to patient unless otherwise directed by the Doctor.**

**Orders will be dispatched as soon as payment is received.**

**To supply drugs Tri-Med must have a copy of the TGA approval form faxed or posted to us prior to shipment of drugs.**

**PAYMENT**

**Cheques / Money orders, -----OR----- Visa Card or Master card Only**

<p><b>Address to which Money Orders &amp; Cheques should be made payable to <u>Tri-Med Distributors</u> &amp; posted to:</b></p> <p style="text-align: center;"><i>Tri-Med Distributors P/L Locked bag 15, Subiaco, WA 6904</i></p>	<p><b>If Paying by Master Card or Visa Card Only fill in the details below:</b></p> <p>Name on Card: -----</p> <p>-</p> <p>Number on Card: -----</p> <p>Expiry Date: ----- -Type of Card: -----</p>
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