

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

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

Name of Medication	Price per Unit	Quantity Required	Value
RIFAXIMIN (30 x 100mg Tablets)	\$120.00		
DENOL (1Box of 40 tablets/ 120mg each)	\$65.00		
DENOL (2 Boxes of 40 tablets/ 120mg each)	\$115.00		
FURAZOLIDONE (50 tablets bottle; 100 mg tablets)	\$115.00		
NITAZOXANIDE (60 tablets a bottle; 500mg tablet)	On Request		
NITAZOXANIDE (Paediatric Oral Suspension 60mls.	On Request		
TETRACYCLINE (60 Capsules/bottle; 250mg capsules)	\$65.00		
TETRACYCLINE (2 Bottles as above for 14 day treatment)	\$115.00		
POSTAGE (AUSTPOST EXPRESS)	\$ 7.00		\$7.00
<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.**

[Over-Night Courier service is available for urgent orders at a cost of \$ 28.00]
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>Address to which Money Orders & Cheques should be made payable to <u>Tri-Med Distributors</u> & posted to:</p> <p style="text-align: center;"><i>Tri-Med Distributors P/L Locked bag 15, Subiaco, WA 6904</i></p>	<p>If Paying by Master Card or Visa Card Only fill in the details below:</p> <p>Name on Card: -----</p> <p>Number on Card: -----</p> <p>Expiry Date: ----- -Type of Card: -----</p>
--	---

