

## ORDER FORM - TAG FORTE TOPICAL ANAESTHETIC GEL 25%

To: Como Compounding Pharmacy  
 Fax: 1300 889 174  
 Mail: P.O. Box 797, South Yarra 3141

PLEASE COMPLETE ALL  
SECTIONS IN FULL

**PLEASE DELIVER**

Peppermint Lidocaine 25% 30g Tube @ \$74.80 (x \_\_\_\_\_) = \$ \_\_\_\_\_

Tutti Frutti Lidocaine 25% 30g Tube @ \$74.80 (x \_\_\_\_\_) = \$ \_\_\_\_\_

GST (10%) = \$ \_\_\_\_\_ GST

Postage & Handling \$9.90 = \$ \_\_\_\_\_  
 (For orders less than \$500.00. No postage & handling for orders > 6 tubes)

Pricing applies from 1 January 2011 **TOTAL** = \$ \_\_\_\_\_

**CONTACT DETAILS**

Dentist's Name \_\_\_\_\_ Prescriber Number \_\_\_\_\_

Patient Name and Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist's Signature \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**PAYMENT DETAILS** (Please indicate selection with a tick)

Direct Deposit to Como Compounding Pharmacy

**BSB: 062 000 Acc. Number: 1391 3067**  
**Reference: Dental Practice Name**

Visa     MasterCard     American Express

Card No. | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Amount Being Paid \_\_\_\_\_

Orders are compounded through:

**como**  
**compounding**  
**PHARMACY**

**P:** 1300 889 173  
**F:** 1300 889 174  
**E:** [contact@comopharmacy.com.au](mailto:contact@comopharmacy.com.au)  
**W:** [www.comopharmacy.com.au](http://www.comopharmacy.com.au)