

COMPLEMENTARY COMPOUNDING SERVICES
1 / 130 TAMAR ST, BALLINA, NSW, 2478
PH: 02 66862244 FAX: 02 66862257
WWW.CUSTOMMEDICINE.COM.AU

Order Form

Name: _____

Postal Address: _____

Phone Number: _____

Products Required: _____

If ordering Troches or mixtures please circle preferred flavour:

Peppermint Spearmint Orange Lemon Aniseed Vanilla Butternut

NB: We use the herb Stevia as a natural sweetener. If you prefer no sweetener please indicate by ticking this box []

If ordering creams please circle your preferred method of packaging:

Cosmetic Cream Jar with 1ml measuring spoon or Airless Dosing Pump Pack or EMP Jar with 1ml Syringe

Payment Options: Money Order Credit Card Direct Deposit (contact us for details)

Card No: _____

Expiry Date: _____

Delivery Options: Please circle which method you prefer

Insured Post or Regular Post Or Overnight Courier

NB: Refer to ordering information section of our website for up to date delivery costs and conditions of sale. Please tick box to indicate you agree with terms of sale [].

Once you have completed this form send it along with your prescription and payment to:

Complementary Compounding Services
1/130 Tamar St
Ballina NSW 2478.