

OTC Numbing Gel Order Form

Patient Name:		Phone Number:	
Address:			
Date: / /		Order required by: / /	
Clinic:		Allergies:	
Medications:		Skin Condition:	
Other notes:			

Pre-treatment

- Lignocaine HCl/Tetracaine HCl 4.5/4.5% Gel 5 ML (\$8) QTY: ___

During Treatment

- Lignocaine HCl/Tetracaine HCl /Phenylephrine 6/4/0.1% Gel 5 ML (\$10) QTY: ___

Pick up/Delivery Option

- Pick up from Darlinghurst Location (129 Crown St Darlinghurst NSW 2010)
- Delivered to your home or work address (\$12 _____)
- Delivered to your Clinic (\$12): _____



Kindly please drop in or send your form to applicable address below and pharmacist will contact you

THE COMPOUNDING PHARMACY CROWN ST
129 Crown St Darlinghurst 2010
darlinghurst@tcpa.com.au
1300 244 072 option 2
Fax: 9012 0363