

Order Form

Name:

Address:






Suburb/Town:

Post Code: State:

Phone No: Mobile No:

Email:

Products

	Quantity	Price
 AndroFeme® 1% Testosterone cream 50ml	@	\$60
 AndroForte® 2% Testosterone cream 50ml	@	\$90
 AndroForte® 5% Testosterone cream 50ml	@	\$100
 Profeme® 3.2% Progesterone cream 50ml	@	\$60
 Profeme® 10% Progesterone cream 50ml	@	\$80
Total	

FREE Shipping

All orders are shipped free of charge using Australia Post Express Service. (1 – 3 days service*) Your shipping number will be emailed on sending.

*subject to Australia Post Terms and Conditions for specified locations

LEGISLATION REQUIRES THAT YOU MUST MAIL THE ORIGINAL PRESCRIPTION TO OUR PHARMACY AT: REPLY PAID 1146, WEST LEEDERVILLE WA 6901.

Please Complete this form and either:

1. Mail the form, together with your prescription to: *Reply Paid 1146, West Leederville WA 6901* or
2. Fax the form, with a copy of your prescription, to 1800 751 275 and then mail the original prescription to *Reply Paid 1146, West Leederville WA 6901* or
3. Scan the form, together with a copy of your prescription, and email to pharmacy@lawleydirect.com.au and then mail your original prescription to *Reply Paid 1146, West Leederville WA 6901*

Payment Options

- Visa
 Mastercard
 Cheque

I authorise Lawley Direct to charge my credit card the amount of \$.....

Card Number:

Expiry Date / CCV 3 Digit Security Code
(See reverse side of card)

Name on Card:

Signature: Date:

Your credit card information is not kept on file and will be destroyed once your order has shipped.

Full product, physician and patient information is available online from www.lawleydirect.com.au

LAWLEY DIRECT DISPENSING PHARMACY – REPLY PAID 1146, West Leederville, WA 6901

freecall: 1800 627 506 freefax: 1800 751 275 p: 08 9388 0096 f: 08 9388 0098

w: www.lawleydirect.com.au e: pharmacy@lawleydirect.com.au