CARINA DAY & NIGHT
PHARMACY
Compounding Chemist

Member PCCA Professional Compounding Chemists of Australia Pty Ltd

Tony Yarrow B.Pharm., M.P.S.
Michael Doohan B.Sc., M.R.Pharm.S.

DOSE ADMINISTRATION AIDS- NEW PATIENT APPLICATION FORM

Please complete this form and one of our pharmacists will contact you within one to two days. Please note that Dose Administration Aids are not suitable for some patients depending on the medication profile.

Patient Details

Name_____ Date of Birth____/_____/_____
Residential Address_____
Phone Numbers : Home_____ Mob_____
Medicare Card Number_____-_____-__-___ Expiry___/___/_____
Pension/Health Card/DVA Number_____ Expiry___/___/_____
PBS Safety Net Number SN_____
Known Drug Allergies_____
Carer/Family Contact- Name_____ Carer Phone Number_____

Co-ordinating Doctor's Details (this is usually your General Practitioner)

Please Note: changes to packs need to be ordered by co-ordinating Doctor in writing
Name_____
Address_____
Phone_____ Fax_____ E Mail _____

Pack Supply

Each pack supplies two weeks of medication supply
Packs are available for collection every second Tuesday from the Pharmacy. A delivery service may be offered for housebound patients in a limited local area (Carina and Camp Hill) at the pharmacies discretion. Deliveries are currently made every second Tuesday between 8am and 5pm and it is the responsibility of the recipient to be at home to accept delivery otherwise a delivery charge may be made for subsequent visits.
Note- we cannot use existing supplies of medicines when the service commences.

Charges

- Packing fee is $8 per week.
- Repacking fee (out of cycle packing) is $8 per week. **(Repacking can take up to 48 hours and longer if requested on weekends)**
- Prescription will be charged when needed. Repacking may incur additional prescription charges under PBS rules.

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To commence packing we need:

⇨ **Doctors Letter**

A letter from your Doctor covering details of what to pack. This must include drug name, strength, dosage and instructions. Alternatively, a recent hospital discharge medication printout can be supplied.
Please note: Warfarin cannot be packed. Certain other medications cannot be packed because they absorb moisture.

⇨ **Prescriptions**

Please bring scripts to the pharmacy. We need them before we can commence packing.

Agreement:

- I hereby agree to pay for all charges incurred for prescriptions and packing fees for the patient/myself. I will notify Carina Day and Night Pharmacy of any changes to the above information.
- I will give TWO WEEKS notice to cease or alter this agreement or be liable for costs incurred.
- I give consent to BRAND SUBSTITUTION where appropriate and where permitted by the prescriber.
- I understand that packing of Dose Administration Aids is handled by a third party, TGA licenced facility that complies with Good Manufacturing Practice (GMP) standards.
- I have been given a demonstration on the use of the Dose Administration Aid and I understand how to use it correctly.
- I accept that after receipt of the Dose Administration Aid, safe storage and administration of medicines within the Dose Administration Aid is my responsibility.

Signed_____
Full Name_____
Date_____

Staff Member_____
Date_____

To Be Completed by Staff

⇨ Collect From Pharmacy
⇨ Delivery

INCORPORATING
CARINA SURGICAL & HEALTH EQUIPMENT
Invalid & Rehabilitation Equipment
Hire & Sales

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