Call: 1800 367 758
Fax: 1800 678 713
Email: info@cortexhealth.com.au

cortexhealth
Find your balance

HOME DELIVERY APPLICATION FORM

Please send the original form and prescription to PO Box 202 HAMPTON Vic 3188

Today's date: / /			**NB: Please provide all contact details for delivery purposes**
PERSONAL INFORMATION			
❑ Mr ❑ Ms ❑ Dr ❑ Miss ❑ Mrs ❑ Prof Other:	Prescription First Name	Middle	Surname
Birth date: / /	Age:	Gender: ❑ F ❑ M	
Delivery to street address:		Mobile telephone:	Home phone: ( )
City:		State:	Post Code:
E-mail:			
Medicare card number (to process prescription): Please include the number appearing in front of patient's name.		Entitlement card number (if applicable):	
Expiry: /		Expiry: /	
Who can we contact about delivery (if different):		Tel:	Email:
Special delivery instructions:			
YOUR PRESCRIBER (DOCTOR'S OR DIETITIAN'S) INFORMATION			
❑ Mr ❑ Ms ❑ Dr ❑ Miss ❑ Mrs ❑ Prof Other:	First Name:	Surname:	
Hospital:		Contact telephone:	
CREDIT CARD DETAILS			
Name:			
Credit card number:	Expiry: /	CCV (security code):	
PAYMENT AUTHORISATION			
I authorise Cortex Health to retain my prescription repeats and to provide my details to their nominated pharmacy for the purposes of dispensing my prescription and deducting any copayment required for each prescription from my credit card.			
Signature		*Date*	

PLEASE NOTE: Your ORIGINAL PRESCRIPTION must be sent with this application

Cortex Health will retain the customer's prescription repeats to allow for efficient processing and delivery.
All personal information collected will be securely stored in accordance with the Privacy Act 1988 (Cth). To view your records or for further information please contact CORTEX Health Pty Ltd, 85 Argus Street, Cheltenham, VIC 3192 or call 1800 FOR PKU or fax 1800 678 713.