

**Order Form**

**Name:** .....

**Address:** .....






**Suburb/Town:** .....

**Post Code:** ..... **State:** .....

**Phone No:** ..... **Mobile No:** .....

**Email:** .....

**Products**

				<b>Quantity</b>	<b>Price</b>
	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	.....	.....

**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

**Total** ..... .....

**SUBTRACT 10% FOR  
TWO OR MORE TUBES  
OF THE SAME ITEM**

**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](mailto: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:** .....

Please tick this box if you wish us to retain your credit card information on file for repeat prescriptions otherwise this form will be destroyed once your order has been shipped

Full product, physician and patient information is available online from [www.lawleydirect.com.au](http://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](http://www.lawleydirect.com.au) e: [pharmacy@lawleydirect.com.au](mailto:pharmacy@lawleydirect.com.au)