

UNDER NEW MANAGEMENT
CAMPBELLTOWN
PHARMACY



Helping the community feel better

WE CARE ABOUT YOUR HEALTH



Comprehensive Patient
Care Management
Program

ENROLMENT FORM

Patient Details:

Surname:

First name:

Patient Address:

.....

.....

Email Address:

Patient Phone no:

Medicare No:

Ref: Expiry:

Referring Doctor:

Address or Stamp:

Signature & Date:

- Please tick
- Referral for Home medication review attached
 - Patient medication summary and laboratory test attached

Let us serve
you better

-  Free home delivery to local areas*
-  Free Blister Pack for your medicines*
-  Guaranteed Cheaper Price
-  Comprehensive Patient care Management program
-  Home Medication review
-  Seniors Discount
-  Workers Compensation
-  \$1 Discount for all PBS medications*
-  Prescription filing and SMS reminder.
-  Free Health Check
Blood Pressure Monitoring
Blood Glucose monitoring
Diabetes Risk Assessment

CAMPBELLTOWN
PHARMACY



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