Government of **Western Australia**
Child and Adolescent Health Service

Perth Children's Hospital

CF Pre-Ordering Form

Clear Form

Patient details	
UMRN (if known): Last name: First name: Date of birth: Address:	Medicare card no. Expiry: Concession card no. Expiry: Safety net no.
Weight (kg): Adverse drug reactions and/or allergies: Please select from drop down menu Please list adverse drug reactions and allergies here	
Date submitted: / Collection date:	**Pharmacy use only** Date received: / Date dispensed:

Medication(s) required - up to THREE months supply for non-PBS items, one month supply for PBS items

Medication name	Dose and frequency	Additional comments
1. Select medication from drop-down list		
2. Select medication from drop-down list		
3. Select medication from drop-down list		
4. Select medication from drop-down list		
5. Select medication from drop-down list		
6. Select medication from drop-down list		
7. Select medication from drop-down list		
8. Select medication from drop-down list		
9. Select medication from drop-down list		
10. Select medication from drop-down list		

Please note, a generic brand may be supplied by Pharmacy

By submitting this form, you accept and understand the following:

- **One patient** per form to avoid confusion
- **Prescriptions are written on Monday only.** Send before 11am Monday to be written on the same day
- Allow a minimum of 5 working days to ensure we process your order on time
- To avoid delays, please make sure all sections are filled and information is correct
- Please be contactable by mobile and/or email
- Collect your order within 2 weeks from the date the order is ready for collection by a guardian or authorised person(s)
- Please help this system run smoothly by meeting the above requirements. We need to help each other to make it work. For practical reasons, you may be excluded from this pre-ordering program if medications are not picked up within 2 weeks of being ready

Name:

Contact number:
Contact email:
SMS to mobile when order is ready

☐ Enter your mobile number for SMS

Click here to email form

Save Form

Version 7 (updated 22/05/2019)

If any buttons do not work on this form, please print, fill and scan back to PCH.respmedpreorder@health.wa.gov.au