



COMPLETE & EMAIL TO [pharmacist@optimushealth.co.nz](mailto:pharmacist@optimushealth.co.nz)

This document has been prepared for the supply of medicines pursuant to Section 26 of the Medicines Act 1981 which provide the legal basis for the services offered by OPTIMUS HEALTHCARE 2025 LIMITED.

**DOCTORS / CLINIC CONTRACT COMPOUNDING REQUEST FORM**

Date: \_\_\_\_\_ Contact: \_\_\_\_\_

Clinic/Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: as this request is for **compounding service**, the following details are required (at minimum): *Medicine, Dose Strength/Concentration, Dose Form, Quantity/Supply Period*

Service Request – Prescription Compounding	Optimus Notes
Repeats:	
<b>Authorised by (Prescriber Signature):</b>	

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Labelling should include the expiry date provided by Optimus. As compounds are prepared to prescription or at the clinician’s request, and because preservative use is kept to a minimum, we apply conservative expiry dates, which have been verified with the research department of the Professional Compounding Centres of America (PCCA).

**Payment Terms:** Unless otherwise arranged, payment is required upon receipt of the invoice.