

New Account and Delivery Preference

This form is required to create a HPS account and select a preference for deliveries.
Please complete this form and email to b.toxin@hpspharmacies.com.au

Clinic Name	
Clinic Address	
Delivery Address (leave blank if same as clinic address)	
Prescriber(s)	
Contact Name and Role	
Clinic Phone	
Clinic Email	
Preferred Delivery Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly – please specify _____ <input type="checkbox"/> Fortnightly – please specify _____ <input type="checkbox"/> Monthly – please specify _____ Other – please specify _____
Preferred Delivery Day(s)	
Notes/Comments	
Confirmation Name: _____ Role: _____ Signature: _____ Date: _____	