

Theramex Starter Pack Request

Please complete the below form in CAPs, sign and return via email to your Theramex Account Manager
Please note all fields are mandatory* – forms not completed in full will not be processed

Title*	First / Last name*
<hr/>	
AHPRA ID*	<hr/>
Clinical Position*	<hr/>
Practice / Hospital name*	<hr/>
Practice address*	<hr/> <hr/> <hr/>
	Please note address must be a valid practice address. PO Boxes will not be accepted
Phone number*	<hr/>
Doctor's Signature*	<hr/> <hr/>
	Requests must be signed by AHPRA registered Health Care Professional

No. of starter packs required*

Zoely®**

2.5 mg nomegestrol acetate / 1.5 mg estradiol
Indicated for **oral contraception**
1 x 28 day blister pack provided per starter pack

Maximum of 3 starter packs

Oxytrol®**

36 mg oxybutynin
Indicated for the treatment of **overactive bladder**
x2 39 cm² patch provided per starter pack
(recommended 1 week dosing)

Maximum of 3 starter packs

**Please note Starter Packs can only be requested by a Schedule 4 prescriber. All requests will need to be verified prior to dispatch.

PBS Information: Zoely. This product is not listed on the PBS.

PLEASE REVIEW ZOELY PRODUCT INFORMATION BEFORE PRESCRIBING. Full Product Information is available by clicking here OR from Medical Information: 1800 THERAMEX

PBS Information: Oxytrol. Restricted benefit. Detrusor overactivity in a patient who cannot tolerate oral oxybutynin or who cannot swallow oral oxybutynin.

PLEASE REVIEW OXYTROL PRODUCT INFORMATION BEFORE PRESCRIBING. Full Product Information is available by clicking here OR from Medical Information: 1800 THERAMEX