NARROGIN COMMUNITY PHARMACY
WHERE YOUR HEALTH MATTERS

Narrogin Community Pharmacy
PO BOX 105
74 Federal Street
Narrogin W.A 6312
Phone: 9881 1006
Fax: 9881 2116
Email: ncp@narroginpharmacy.com

Dear Parent,

I would like to offer you the opportunity to open a student account at Narrogin Community Pharmacy.

We here at Narrogin Community Pharmacy understand the importance of having easy access to medical supplies and expert advice for your child during their stay in Narrogin. Please feel free to simply fill in the enclosed application and return it to us at Narrogin Community Pharmacy. You will receive itemised statements which are posted out monthly, these are payable by cheque, cash, Internet banking or credit card.

If your child has any medical conditions of which we should be aware of please note them on the form, or alternatively call us at the pharmacy on 9881 1006 to discuss them further.

We look forward to seeing you next time you are in Narrogin, and we would like to thank you for shopping with us at Narrogin Community Pharmacy Please do not hesitate in contacting us if we can assist your child in any way with their medical needs.

Nik Patel and Steve Harland

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REQUEST FOR STUDENT ACCOUNT

NAME OF ACCOUNT:……
(PARENT OR GUARDIAN)

ADDRESS: ……

EMAIL ADDRESS……

PHONE NUMBER: ……**MOBILE NUMBER**……

NAME OF STUDENT: ……..

DATE OF BIRTH: ……

RESTRICTIONS (IF ANY) e.g. MEDICAL ONLY: ……

ALLERGIES: ……

PHARMACEUTICAL CONCESSION CARD NUMBER: ……

EXPIRY DATE: …….

MEDICARE CARD FAMILY NUMBER: ……..

REFERENCE NUMBER: …….
(SINGLE NUMBER LOCATED NEXT TO CHILD'S NAME)

EXPIRY DATE: ……..

SIGNATURE: ……..