

# Nutricia at Home Pharmacy REGISTRATION FORM

Nutricia at Home Pharmacy takes away the stress associated with managing prescriptions and collecting products from the pharmacy.

Our pharmacy service is specifically designed for the home delivery of Nutricia products available on prescription through the PBS (Pharmaceutical Benefits Scheme).

Our dedicated team manage the scheduled delivery service to ensure registered clients maintain ongoing supplies of their prescribed product(s).

## Registration is easy!

1. Fill in the attached registration form. This form must be signed by the individual or parent/guardian of the individual named on the prescription.
2. Email a copy of your form and prescription to **pharmacyau@nutricia.com** to begin your registration. Place your completed hard copy registration form and original prescription into the reply-paid envelope provided and post to the Nutricia at Home Pharmacy:

**Nutricia at Home Pharmacy**  
**c/o Gavin Starr Pharmacist Advice**  
**36 Burns Bay Road, Lane Cove NSW 2066**

3. Our Nutricia at Home Pharmacy team will contact you to confirm receipt of your registration and script and to organise your first order. If you do not receive a call within two working days of sending your registration and script, please contact us by email at [pharmacyau@nutricia.com](mailto:pharmacyau@nutricia.com).

For more information please contact Nutricia at Home  
on **1800 884 367** or [pharmacyau@nutricia.com](mailto:pharmacyau@nutricia.com)

# TERMS AND CONDITIONS

These Terms and Conditions apply to and govern the supply of all goods and/or services by Nutricia Australia Pty Ltd (ABN 99 076 246 752) (“Nutricia”, “we”, “us” and “our”) to you purchased via the Nutricia At Home Pharmacy program. You (the person named on the registration form) agree to participate in the Home Pharmacy program by appointing Nutricia and their third-party provider (Gavin Starr Pharmacist Advice) to collect your information and prescriptions, dispense and process your orders and deliver ordered products to you, subject to this Terms and Conditions.

## Your information

You agree that all the information you provide about you is complete and correct and that you will notify us of any changes to this information. To protect both you and us against fraud, the first time you place an order with us you must provide photocopies of any concession cards under which you claim a discount.

## Specific privacy notice

We collect and store the information about you that you provide to us either because we are required to do so by law or to enable you to purchase our products and services; create a Nutricia at Home Pharmacy account; process your enquiries relating to Nutricia at Home Pharmacy and our products and services; process and deliver your orders; and provide associated support to you. We will use this information only for the purposes of the Nutricia at Home Pharmacy program. We may disclose this information to our related group companies and third-party service providers acting on our behalf to process your orders and provide associated support (such as Gavin Starr Pharmacist Advice, our database manager Veeva, and courier companies). You have no obligation to provide your personal information. However, if you choose not to, we may be unable to provide you with our products or services or assist you with your enquiry. Our privacy policy sets out more detail about how we deal with personal information we may otherwise collect about you. It also details how you can access and seek correction of your personal information held by us, how you may complain about any breach of the Australian Privacy Principles and how we will deal with such complaints. It is available from our website [www.nutriciamedical.com.au/privacy](http://www.nutriciamedical.com.au/privacy).

You may contact us by writing to [privacy.oceania@danone.com](mailto:privacy.oceania@danone.com), or by mail: The Privacy Officer, Nutricia Australia Pty Ltd, Level 4, Building D, 12-24 Talavera Rd, Macquarie Park, NSW, Australia, 2113.

## Your roles and responsibilities

You must provide us with an original prescription written by a medical practitioner registered in Australia for any products that you order from us. To process subsequent orders all prescription repeats are required to be kept on file with the pharmacist. All prescriptions must be for our range of products.

Payment for the dispensing of prescriptions apply to this service. Payment must be made directly to the Nutricia at Home Pharmacy and must be paid at the time of ordering. Any unpaid prescription charges may affect ongoing provision of your products to you.

## Delivery of your orders

Your orders will be delivered by our couriers to the delivery address provided by you in accordance with any delivery instructions given by you. A predetermined delivery schedule is allocated to all Nutricia at Home Pharmacy orders. We will attempt to notify you of when you can expect delivery of orders.

Because of the nature of our products, our couriers cannot leave orders unattended and all deliveries must be signed for. You should therefore ensure that you are or someone else is present at the delivery address to receive orders. If this is not the case, we reserve the right to charge you a redelivery fee. We cannot guarantee the time of day of deliveries.

## Our disclaimer and limitation of liability

To the fullest extent allowed by law, we disclaim all warranties of any kind in relation to the Nutricia at Home Pharmacy program. You agree that our sole and exclusive liability will be limited to the price paid for the ordered products. In no event will we be liable for special, indirect, consequential or punitive damages.

## Termination

You may end your participation in the Nutricia at Home Pharmacy program at any time by notifying us in writing at [pharmacyau@nutricia.com](mailto:pharmacyau@nutricia.com). We may end your participation in the Nutricia at Home Pharmacy program by notifying you in writing. Termination either by you or us will not affect any orders that have already been dispatched to you.

For more information please contact Nutricia at Home  
on **1800 884 367** or [pharmacyau@nutricia.com](mailto:pharmacyau@nutricia.com)

The logo for Nutricia Metabolics features the word "NUTRICIA" in a white, sans-serif font with a thin white arc above it. Below "NUTRICIA" is the word "Metabolics" in a larger, bold, white, sans-serif font.

# Nutricia at Home Pharmacy REGISTRATION FORM



AT HOME

ATTACH  
SCRIPT  
HERE

## SECTION 1: DETAILS OF PERSON NAMED ON PRESCRIPTION

Full Name:  M  F (please  tick)

DOB: (DD/M M/YYYY)

## SECTION 2: CONTACT PERSON (e.g. Parent/Carer)

As in Section 1  (please  tick)

Name: Relationship to person named above:

Address: State: Postcode:

Tel: ( ) Mobile: Email:

## SECTION 3: DELIVERY ADDRESS (Delivery must be signed for)

As in Section 2  (please  tick if delivery address is the same as residential address above)

or:

## SECTION 4: DIETITIAN'S DETAILS

Name: Hospital:

Tel: ( ) Email:

## SECTION 5: PRODUCTS REQUIRED ( list all products on your prescription)

PRODUCT (and flavour if applicable)	DAILY REQUIREMENT (e.g 4 scoops per day, 2 bottles per day etc)

## SECTION 6: MEDICARE INFORMATION

MEDICARE - You must write your name exactly as it is shown on your Medicare Card.

Name:

Medicare Number: Date: (DD/MM/YYYY)

Healthcare Number: Expiry Date: (DD/MM/YYYY)

Safety Net Number:

## SECTION 7: SIGNATURE (must be completed by the individual or parent/guardian of the individual named on the prescription)

- I confirm I have read and agree to the terms and conditions and consent to the collection, use and disclosure of my personal information (including health information) in accordance with the specific privacy notice and Nutricia's broader privacy policy
- I consent to my information being shared with my dietitian or healthcare professional
- I would like to receive communications from Nutricia about its products and services
- To the extent I am providing information about another person I have their authority or I am their parent or guardian

Parent / Guardian Signature: Date: (DD/MM/YYYY)

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**NUTRICIA**  
**Metabolics**