



A ray of hope

To Your Door Home Delivery Service

About Orpharma

Orpharma is an Australian pharmaceutical company focused on the supply of orphan, paediatric and emerging therapeutics.

The company was founded to serve unmet medical needs and to provide niche solutions. Orpharma is collaborating with global leaders in biotechnology and pharmaceuticals to deliver therapies to patients in need.

Giving a ray of hope.

Orpharma's current product portfolio includes innovative medicines targeting rare metabolic diseases, cancer and anti-infectives.

Our Mission

To facilitate access to niche pharmaceuticals serving unmet medical demand for orphan, paediatric and specialised medicines.

Our Vision

To provide a "ray of hope" to those in need through the provision of niche treatments.

To Your Door Delivery Program

- Delivery of products directly to your chosen destination whether it is your home or workplace
- Choose to place your order on the phone or online
- A friendly reminder to fill your script

The Process

For all first deliveries, fill out the application form provided overleaf and return it with your original prescription to our Reply Paid address (no postage stamp is required).

**To Your Door
Orpharma Pty Ltd**

**Reply Paid 90196
MELBOURNE VIC 3004**

**Orpharma Pty Ltd, ABN 19 157 901 267, Level 1, 1 Queens Road, Melbourne VIC 3004
Telephone: 03 9863 7501, Email: sales@orpharma.com, Visit: www.orpharma.com**



A ray of hope

Application form

Patient details

Surname _____ First _____ Middle _____

Date of Birth _____ Gender Male/Female

Contact Person

Name _____

Relationship to the patient _____

Address _____

_____ Postcode _____

Phone: _____ Mobile _____

email _____

What is your preferred method of contact? _____

Delivery Address

If the address is the same as above, please write "as above"

Name _____

Address _____ Postcode _____

Healthcare Professionals details (Person writing the script)

Name of the Prescriber _____

Name of Dietitian _____



A ray of hope

Address _____

_____ Postcode _____

Medicare and Method of Payment

Name on medicare card _____

Medicare card number _____

Entitlement card number (number next to your name) _____

Payment

Authorisation _____

Credit card _____

Name _____

Card number _____

Expiry date _____

3 digit security code (on the back of the card) _____

By completing this form, you authorize Pharmacy 517 to charge your card for payment.

Pharmacy 517
517 St Kilda Rd Melbourne VIC 3004
Phone: 03 9866 4892
Fax: 03 9866 2133