

**What should I do if I want the medication to be delivered to me?**

- 1 Fill up the Courier Service Order Form below
- 2 Fax the form to the Outpatient Pharmacy ( Fax No. 63941504).
- 3 Fax in a copy of the prescription.
- 3 Fax in a copy of your Benefit Card if available.
- 4 Call us at **63941500** or **63941501** to confirm the order during our operating hours  
Monday to Friday :8.30 am to 7.00 pm  
Saturday: 8:30am - 2:00PM  
Sunday & Public Holiday: Closed



KK Women's and  
Children's Hospital  
SingHealth

**Courier Service Order Form**

- 1 Name of Patient : \_\_\_\_\_
- 2 NRIC NO : \_\_\_\_\_
- 3 Contact Person : \_\_\_\_\_
- 4 Contact Number :(HP)\_\_\_\_\_ (H)\_\_\_\_\_
- 5 Delivery Address: \_\_\_\_\_  
\_\_\_\_\_

**Mode of payment: Please Tick**

Cash ( ) Cheque ( ) Benefit Card ( )

	Name of Medication	Quantity / Duration
1		
2		
3		
4		
5		