

# Pharmacy or Store Application



A Pharmacy or Store type of application is for an account that is a place of business in a retail setting e.g. health food store or pharmacy, with a pharmacist or practitioners on site who will be performing consults and/or fulfilling scripts and abide by our selling standards.

## Pharmacy or Store Details

**Pharmacy or Store Name:**

**Street Address:**

**Suburb:**

**Post Code:**

**State:**

**Country:**

**Phone Number:**

**Email Address:**

*This is the number and email address that we will send updates to with respect to your application. Remember to check your junk folder for confirmation of your application.*



### Primary Practitioner

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Modality:**

*Please select your modality. If you have multiple qualifications or modalities, please select the modality that reflects the majority of your practice.*

**Association:**

**Association Number:**

**Documentation:**

#### **AHPRA Certificate OR Association Membership certificate**

I have attached a legible copy of my AHPRA Certificate OR Association Membership Certificate, showing my modality and validity date.

*Please note if the attached is not legible, your application approval will be delayed.*

**OR**

#### **Qualifications from a recognised college**

I have attached a legible copy of my diploma/degree. The minimum qualification for Orthoplex White approval is an Advanced Diploma level.

*Please note if the attached is not legible, your application approval will be delayed.*



## Additional Practitioner 1

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Modality:**

*Please select your modality. If you have multiple qualifications or modalities, please select the modality that reflects the majority of your practice.*

**Association:**

**Association Number:**

### Documentation:

#### **AHPRA Certificate OR Association Membership certificate**

I have attached a legible copy of my AHPRA Certificate OR Association Membership Certificate, showing my modality and validity date.

*Please note if the attached is not legible, your application approval will be delayed.*

## OR

#### **Qualifications from a recognised college**

I have attached a legible copy of my diploma/degree. The minimum qualification for Orthoplex White approval is an Advanced Diploma level.

*Please note if the attached is not legible, your application approval will be delayed.*



## Additional Practitioner 2

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Modality:**

*Please select your modality. If you have multiple qualifications or modalities, please select the modality that reflects the majority of your practice.*

**Association:**

**Association Number:**

### Documentation:

#### **AHPRA Certificate OR Association Membership certificate**

I have attached a legible copy of my AHPRA Certificate OR Association Membership Certificate, showing my modality and validity date.

*Please note if the attached is not legible, your application approval will be delayed.*

## OR

#### **Qualifications from a recognised college**

I have attached a legible copy of my diploma/degree. The minimum qualification for Orthoplex White approval is an Advanced Diploma level.

*Please note if the attached is not legible, your application approval will be delayed.*

## Other Contacts

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Please list any additional contacts that are at your clinic, that would need to be in contact with our customer service team. For example: Administration Manager, Receptionist, Accounts, Dispensing etc.



### Other Contact 1

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Job Description:**



### Other Contact 2

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Job Description:**

## Distributor Details

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Please detail below each of your preferred distributors and your account number with those distributors. This allows us to confirm your approval with the distributors so you can order Orthoplex White through them. If you do not have any distributor accounts, please leave blank.

### Distributor 1

**Distributor Name:**

**Account Number:**

### Distributor 2

**Distributor Name:**

**Account Number:**

### Distributor 3

**Distributor Name:**

**Account Number:**

### Distributor 4

**Distributor Name:**

**Account Number:**

### Distributor 5

**Distributor Name:**

**Account Number:**

## Email Marketing

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### Sign up to our email list

Once approved you will be added to our email marketing database to learn about the latest nutritional research, events and new product formulations.

## Conditions of Supply (*Full access*)

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1. In accordance with the TGA Regulatory Guidelines, the practitioner/s working in the clinic are currently registered with an appropriate association and have nutritional qualifications.
2. In accordance with the TGA Regulatory Guidelines, a consultation will be conducted only by a registered healthcare practitioner.
3. The clinic has an enclosed or dedicated seating area where private consultations can take place.
4. All patients are given written directions on how to use the dispensed products.
5. Products will not be dispensed without a consultation as per industry standard guidelines and/or a valid script from a registered healthcare practitioner. Shop floor or over the counter consultations will not be accepted as a consultation. Any walk-in patients require a full consultation.
6. Products will not be dispensed for an invalid script.
7. Patients will be given verbal instructions about what to do in the event of an adverse reaction.
8. Products will be inaccessible and non-visible to the general public if stored in a retail area.
9. Products will not be sold online, unless in a password-protected area for current patients, with no visibility of products or product information to the general public. A questionnaire alone will not qualify as a consultation.
10. Each individual agrees to inform Bio Concepts or their distributor in the event that any of the circumstances above change which would affect the agreement.
11. All Orthoplex White range products will be kept out of sight at all times
12. You are seeking consent to dispense the Orthoplex White range on behalf of the practitioners listed above. We agree to only dispense products when a valid script from the nominated practitioners below and/or from a Doctor has been received.

## Agreement

Please type your full name into the fields below to confirm that you have read and understood the “Conditions of Supply” and read the “Full Selling Standards”. By typing your full name, you are digitally signing this form and agreeing to abide by all terms and conditions of Orthoplex White stocklists.

Any breach of the “Conditions of Supply” will result in your approval being revoked.

*I have read the “Full Selling Standards” and “Conditions of Supply” and will endeavour to abide by all selling rules and processes. I declare that the information above is true and correct:*

### Primary Practitioner

### Additional Practitioner 1

### Additional Practitioner 2

Please note:

- *Mystery shops may be conducted on stores to ensure adherence to the policies outlined.*
- *For any breaches of the above criteria, Bio Concepts reserves the right to cease supply until further investigation has been conducted or for an indefinite period.*
- *Approval can take up to one week from the time we have received your entire application.*

## Script Only

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This agreement is applicable for Pharmacies/Stores that cannot meet the criteria outlined in the Selling Standards however are currently fulfilling scripts only for nominated practitioners. Scripts may be fulfilled for any script written by a GP.

## Conditions of Supply (*Script only*)

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1. Products will ONLY be dispensed when a valid script from the nominated registered healthcare practitioners (this may include Doctors) has been received.
2. Shop floor or over the counter consultations will not be conducted for any Orthoplex White range products. Any walk in patients will be refused sale and referred back to their practitioner.
3. Products will not be dispensed for an invalid script.
4. Only a registered Healthcare Practitioner will fulfil a script.
5. A registered Healthcare Practitioner will be on staff for all opening hours.
6. Patients will be given verbal instructions about what to do in the event of an adverse reaction.
7. Products will be inaccessible and non-visible to the general public.
8. Products will not be sold online.
9. Each individual agrees to inform Bio Concepts or their distributor in the event that the practitioner leaves, or any of the circumstances above change which would effect this agreement.

*I have read the full Selling Standards document and will endeavour to abide by all selling rules and processes.*

## Practitioner Agreement

Please type your full name into the fields below to confirm that you have read and understood the “Conditions of Supply” and read the “Full Selling Standards”. By typing your full name, you are digitally signing this form and agreeing to abide by all terms and conditions of Orthoplex White stocklists. Any breach of the “Conditions of Supply” will result in your approval being revoked.

### Primary Practitioner

### Additional Practitioner 1

### Additional Practitioner 2

*Please note:*

- *Mystery shops may be conducted on stores to ensure adherence to the policies outlined.*
- *For any breaches of the above criteria, Bio Concepts reserves the right to cease supply until further investigation has been conducted or for an indefinite period.*
- *Approval can take up to one week from the time we have received your entire application.*

## Practitioner Agreement (*Continued*)

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We are seeking consent to dispense the Orthoplex White range on behalf of the following practitioners. We agree to only dispense products when a valid script from the nominated practitioners below and/or from a Doctor has been received. All Orthoplex White range products will be kept out of site at all times.



### Clinic 1

**Clinic Name:**

**Address:**

**Phone:**

**Email:**

**Practitioner Name:**

**Signature:**

**Practitioner Name:**

**Signature:**



### Clinic 2

**Clinic Name:**

**Address:**

**Phone:**

**Email:**

**Practitioner Name:**

**Signature:**

**Practitioner Name:**

**Signature:**

# Selling Standards



Orthoplex White products will only be made available to Clinical Practitioners that comply to the set criteria below:

## Purchasing Account

- **A registered Healthcare Practitioner:**
  - A Healthcare Practitioner is described as a person who belongs to the professions or associations described in section 42AA(1)(a) and (c) of the Therapeutic Goods Act 1989 and Schedule 1 of the Therapeutic Goods Regulations 1990.
  - Must hold the purchasing account either personally or through a registered practice.
  - Must hold a current TGA Exemption Number if practising they are a Herbalist, Homeopath, Naturopath or Nutritionist.
  - Must inform Bio Concepts and their distributor/s in the event that a practitioner leaves the clinic.
- **Students:**
  - In their final year/s on presenting evidence of their education status, may purchase products for educational and/or personal use.

*Bio Concepts reserves the right to approve or reject a Healthcare Practitioner at their discretion.*

## Consultation

- A consultation can only be conducted in an enclosed or dedicated seating area where privacy must be assured. It is at the discretion of Bio Concepts to determine the adequacy of this area.
- The consultation is to be as per industry standards as a minimum.
- The initial consultation should be face to face rather than via the telephone or internet.
- The initial consultation, as a minimum should be paid for by the patient.
- An over the counter or shop floor consultation does not qualify as a consultation.
- A questionnaire alone does not qualify as a consultation.
- Any walk-in patients must undergo a full consultation.
- At the conclusion of a consultation a script or written usage instructions (see *Definitions* section) is made available to the patient for each product prescribed and/or dispensed.
- Up-to-date clinical records must be maintained on all patients in a safe and secure area. These records should include copies of all scripts or written usage instructions.

## Dispensing

- **Products can only be dispensed:**
  - After a consultation from a registered Healthcare Practitioner and / or
  - On the sighting of a valid script (see *Definitions*) issued by a registered Healthcare Practitioner.
- The sighting of a valid script is proof that a consultation has been correctly conducted by a registered Healthcare Practitioner.
- An administration assistant within a Clinic can dispense a product when presented with a valid script issued by that Clinic. If the valid script is from another Clinic, then the Healthcare Practitioner is to dispense the product.
- No one must dispense a script that has expired, is not dated and / or neglects to offer any instructions on how to use the products. If there is any doubt to the validity of the script, then no products should be dispensed.
- Only the number of repeats indicated on a valid script is to be filled. If the patient requests additional repeats when not specified on a script, then they should be referred back to their Practitioner for advice and no products dispensed.
- Students in their final year/s (including those in their third and fourth year of study) are able to dispense products if they're under the supervision of an educational facility or working in a clinic that abides by our brand Selling Standards.



## Adverse Reactions

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- Patients are to be advised by the Healthcare Practitioner about what to do in the event of an adverse reaction.

## Product Instruction Labels

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- We strongly endorse the Best Practice of all Healthcare Practitioner's to comply to the TGA regulatory guidelines for Practitioner Only Products which states that all dispensed products must have an affixed Instruction Label (see *Definitions* section).

## Accessibility

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- Products must be inaccessible to the general public in a retail-based clinic environment.
- Products may be displayed within the clinic but should be inaccessible to the patient.
- Due to limited availability of storage space, refrigerated products may be stored in an accessible retail fridge, but must be out of view to the general public (e.g. stored within a box).

## Visibility (Physical)

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- Products must be out of view to the general public in a retail environment.
- No signs or logos relating to Orthoplex White products are to be displayed in a retail area.

## Visibility (Online)

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- All Bio Concepts products (Orthoplex Green, Orthoplex White and Orthoplex Blue) are not to be represented on any online platforms (including websites and social media) to the general public, other than on websites, social media and other online platforms controlled or authorised by Bio Concepts.
- Approved distributors for Bio Concepts' products may use online platforms (including websites and social media) as long as the products are displayed in a password protected area for registered Healthcare Practitioners only.
- Registered Healthcare Practitioners may use an online platform to service their own customers as long as this in a password protected area.
- In all circumstances there is to be no visibility of products, no product information, no pricing information, no selling to the general public.

## Non-Clinic Dispensing

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- At the discretion of Bio Concepts, an outlet without a clinic may range these products to service script dispensing.
- The products are to be inaccessible and out of sight of the general public.
- These outlets cannot consult, prescribe or write a script for Orthoplex White products.
- Only a registered Healthcare Practitioner can dispense the products.
- A registered Healthcare Practitioner must be on staff for all opening hours.

## Duty of Care

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- We recommend that you seek independent advice in regard to your requirements as a registered Healthcare Practitioner prescribing and dispensing Practitioner Only Products.
- This advice should consider any rules or regulations within the Therapeutic Goods Administration, your Association and any Federal or State Laws.

***For any breaches, Bio Concepts reserves the right to cease supply until further investigation has been conducted or for an indefinite period.***

***Any complaints can be directed to [complaints@bioconcepts.com.au](mailto:complaints@bioconcepts.com.au)***

## Definitions

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### Health Profession:

A Healthcare Practitioner is described as a person who belongs to the professions or associations described in section 42AA(1)(a) and (c) of the Therapeutic Goods Act 1989 and Schedule 1 of the Therapeutic Goods Regulations 1990.

### Orthoplex White Approved Modalities:

- Acupuncture
- Chiropractor
- Dentist
- Dietician
- Herbalist
- Homeopath
- Medical Doctor
- Medical Specialist
- Midwife
- Naturopath
- Nurse (registered)
- Nutritionist
- Optometrist
- Osteopath
- Pharmacist
- Physiotherapist
- Psychiatrist
- Psychologist
- Traditional Chinese Medicine
- Other

### Professional Association:

- AHPRA
- ATMS
- CMA
- ANPA
- ANTA
- NHAA

*For full list of professional associations please go to [tga.gov.au](http://tga.gov.au)*

### Valid Script:

A valid script should contain:

- Clinic name, location and contact details
- Prescribing practitioner name, location and contact details
- Date of issue
- Patients name and contact details
- All products to be used by the patient
- Dosage and directions for each individual product (e.g. 1 tablet 3 times/day with food)
- Number of repeats, if any, by individual product
- Signed by the issuing practitioner

### Written Instruction:

A written instruction should contain:

- Clinic name, location and contact details
- Prescribing practitioner name, location and contact details
- Date of issue
- Patient name and contact details
- All products to be used by the patient
- Dosage and directions for each individual product (e.g. 1 tablet 3 times/day with food)

### Instruction Labels:

An instruction label should contain:

- Name and contact details of the prescriber
- Name of the patient
- Date of issue
- Dosage and directions for taking
- Number of repeats
- Script reference number (if applicable)