**Customer Service Statement**

This pharmacy is approved to supply subsidised medicines under the

Pharmaceutical Benefits Scheme (PBS) in accordance with Section 90 of the

National Health Act 1953

**Pharmacy name:**

**<Mandatory - Insert your pharmacy name here>**

**Contact details:**

**<Mandatory - Insert your pharmacy address, phone number, fax number, email address and website information here>**

**Opening hours:**

**<Mandatory - Insert your pharmacy opening hours here>**

(including public holidays)

**Alternative/afterhours services:**

**<Mandatory - Insert your alternative or after hours services here>**

eg. Local hospital, closest pharmacy open, after hours contact details, etc

**Professional services provided:**

**<Mandatory - Insert the professional services your pharmacy provides here>**

**Complaints and Comments:**

**<Mandatory - Insert your complaints and comments here>**

If you would like to make a comment about our pharmacy, you can approach any of the staff who will refer you to the appropriate person.

**Other details:**

**<Insert any further information here>**

(this field is optional and can be deleted)

**PLEASE NOTE:** The design of your Statement does not need match this or the template however it **MUST** include all mandatory fields and the statement in red indicating your pharmacy is PBS approved