PRESCRIPTION FOR FREE MEDICINALS

A. TO BE FILLED BY PRESCRIBER

PATIENT
Name and Surname .....

Address .....

ITEM 1. (Incl. Form & Dose) | Quantity

Directions for Use

ITEM 2. (Incl. Form & Dose) | Quantity

Directions for Use

ITEM 3. (Incl. Form & Dose) | Quantity

Directions for Use

PRESCRIPTION Med. Council Reg. No. ⌊⌊⌊⌊⌊⌊

Signature Date

FIRM (Hospital Only) .....
Consultant's Name in Block Letters

B. TO BE FILLED BY DISPENSER

DISPENSER

Signature .....

Pharmacy Board Reg. No. ⌊⌊⌊

B. TO BE FILLED BY DISPENSER

PATIENT

Surname ⌊⌊⌊⌊ Name ⌊⌊⌊⌊

I.D. ⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊

Male ☐ Female ☐

PRESCRIPTION ORIGIN

Hospitals ..... Name

Govt. Clinics ..... District

Private ☐

PRESCRIPTION TYPE

Pink Form ☐ Schedule III ☐ Others ☐

Direct ☐ Postal ☐

ITEM QUANTITY SUPPLIED

Item 1 ⌊⌊⌊⌊ Item 2 ⌊⌊⌊⌊

Item 3 ⌊⌊⌊⌊

LOCATION DISPENSED ⌊⌊⌊⌊

Date ⌊⌊⌊⌊⌊⌊⌊⌊

C. TO BE FILLED BY CODER

Item 1 ⌊⌊⌊⌊⌊⌊

Item 2 ⌊⌊⌊⌊⌊⌊

Item 3 ⌊⌊⌊⌊⌊⌊

PRESCRIPTION ORIGIN ⌊⌊⌊

Firm ⌊⌊⌊⌊⌊

* Free Medicinals (Prescription Forms) Regulations, 1964.

Serial No. F

DH 46

SPECIMEN

PRESCRIPTION FOR NARCOTIC AND PSYCHOTROPIC DRUGS*

(Only one item may be prescribed on this Form)

A. TO BE FILLED BY PRESCRIBER

PATIENT

Name and Surname .....

Address .....

ITEM (Incl. Form & Dose)	Quantity

Directions for Use

Additional Information in respect of Prescriptions for **METHADONE**

Expected Duration of Treatment .....

Medical Indication .....

Prescriber Med. Council Reg. No. ⌊ ⌋

Name and Surname .....

Address .....

....

Signature Date

B. FOR OFFICIAL USE ONLY

To be filled by Government Dispenser

PRESCRIPTION TYPE

Pink Form ❑ Schedule III ❑ Others ❑

Direct ❑ Postal ❑

LOCATION DISPENSED ⌊ ⌋

To be filled by Coder

Item No. ⌊ ⌋ **Prescription Origin** ⌊ ⌋

C. TO BE FILLED BY DISPENSING APOTHECARY

PATIENT

Surname ⌊ ⌋ **Name** ⌊ ⌋ (First three letters)

I.D. ⌊ ⌋

Male ❑ Female ❑

ITEM

Quantity Supplied

Total Quantity in Units.....

Total Quantity in Weight/Measure .....

PRESCRIPTION ORIGIN

Hospitals ..... Name

Govt. Clinics ..... District

Private ❑

DISPENSER

Signature .....

Pharmacy Board Reg. No. ⌊ ⌋

Dispensery Address

.....

Dispensery DH Licence No. ⌊ ⌋

Date ⌊ ⌋

Serial No.

B

* Dangerous Drugs Ordinance 1939 – Drugs (Control) Regulations, 1976

DH 129

SPECIMEN