



**CONFIDENTIAL**

**Application for authority to prescribe alprazolam**  
Section 59E Poisons Act 1971  
(for patient concurrently being treated with opioids)

**TICK DATA AS APPROPRIATE PLEASE USE BLOCK LETTERS**

I, Dr			
address:		Postcode	
Telephone number		Fax number:	
apply for authority to prescribe for: <b>Patient's Name:</b>			
<b>Patient's Address</b>			
(Full Residential Address)		Postcode:	
Date of Birth:     /     /	Sex:	Male	Female
Usual Occupation:	Working:	Yes	No
Dose of alprazolam prescribed:			
Opioid and dose being concurrently prescribed:			
Indication for alprazolam:			
Other benzodiazepines currently prescribed:			
Classification of patient with respect to benzodiazepine			
Drug dependent <input type="checkbox"/>	No degree of dependency <input type="checkbox"/>	Terminal <input type="checkbox"/>	
Some degree of dependency <input type="checkbox"/>	Displaying signs of drug seeking behaviour		<input type="checkbox"/>
Comments regarding application, including previous treatments.			
.....			
.....			
.....			
Signature of medical practitioner:		Date:     /     /	
All correspondence to be endorsed: "CONFIDENTIAL" Pharmaceutical Services Branch Department of Health and Human Services GPO Box 125 HOBART TAS 7001		For further information:  Pharmaceutical Services Branch Tel: (03) 6233 2064 Fax: (03) 6233 3904	