



Pharmaceutical Services Branch

APPLICATION FOR REVIEW

Application for the review of a decision on an application to prescribe narcotic substances under Section 59E of the Poisons Act 1971

APPLICANT DETAILS

I, (full name)

Of, (address including postcode)

Telephone number:

Apply for review of the decision with respect to the authority to prescribe narcotic substances under Section 59E of the Poisons Act 1971 which was requested by:

Dr, (full name of medical practitioner)

Of, (address of medical practitioner)

For: (name of the patient) DOB:/...../.....

Of, (address of the patient)

Signature of applicant: Date:/...../20.....

What is the applicant's relationship to the patient being prescribed narcotic substances?

- Treating medical practitioner Patient being prescribed narcotic substances
 Carer of the person being prescribed narcotic substances

If you are the patient or carer have you discussed this application with the above mentioned medical practitioner?

- Yes No

REASON FOR SEEKING REVIEW OF THE DELEGATE'S DECISION

Medical practitioners: please provide any additional relevant clinical information or reports not provided in your initial application (additional pages may be attached).

CONSENT

I, (name of patient being prescribed narcotic substances)

consent to the Department of Health and Human Services providing my personal information to

..... (name of applicant)

in relation to their application for review.

Signature: Name: Date:/...../20.....

- Proof of identity of the person giving consent to their information being disclosed must be attached: a photocopy of drivers licence or passport; or two other forms of identification (for example, a health care card, Medicare card or Aurora statement).

This application is to be forwarded marked attention to The Chief Pharmacist, Pharmaceutical Services Branch, DHHS, GPO Box 125, Hobart, Tasmania, 7001