



## Pharmaceutical Services Branch

### APPLICATION FOR REVIEW – For Prescribers

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

#### APPLICANT AND PATIENT 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***

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       Treating nurse practitioner

**Have you discussed this application with the above-mentioned patient?**

- Yes       No

#### REASON FOR SEEKING REVIEW OF THE DELEGATE'S DECISION

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

#### CONSENT OF PATIENT – MUST BE COMPLETED

I, ..... (name of patient prescribed narcotic substances)

consent to the Department of Health 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, Department of Health, GPO Box 125, Hobart, Tasmania, 7001, or via email to [pharmserv@health.tas.gov.au](mailto:pharmserv@health.tas.gov.au)