

# CONFIDENTIAL



## Application for authority to prescribe alprazolam (for patient concurrently being treated with opioids)

### Section 59E Poisons Act 1971

DETAILS MUST BE COMPLETED **LEGIBLY** TO PREVENT DELAY  
TICK DATA AS APPROPRIATE. PLEASE USE BLOCK LETTERS

I, Dr	
of:	
(ADDRESS OF MEDICAL PRACTITIONER)	
Postcode:	
Telephone number: ( )	Fax number: ( )
<b>apply for authority to prescribe for:</b>	
PATIENT'S NAME:	<b>AKA</b>
Patient's Address:	
(Full Residential Address)	
Postcode:	
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Usual Occupation:	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dose of alprazolam prescribed:	
Opioids and dose being concurrently prescribed:	
Indication for alprazolam:	
Other benzodiazepines currently prescribed:	
Classification of patient with respect to benzodiazepine	
<input type="checkbox"/> 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
Comments regarding application, including previous treatments	
.....	
.....	
.....	
Signature of medical practitioner:	Date: / /

**All correspondence to be marked "Confidential" and sent to:**  
Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO BOX 125, Hobart TAS 7001

**For further information:** Tel: (03) 6166 0400, Fax: (03) 6173 0820, Email: [pharmserv@health.tas.gov.au](mailto:pharmserv@health.tas.gov.au)