

CONFIDENTIAL



Application to prescribe under Section 59E of the Poisons Act 1971

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

I, Dr	
of: <small>(ADDRESS OF MEDICAL PRACTITIONER)</small>	Postcode:
Telephone number: ()	Fax number: ()
apply for authority to prescribe for:	
Patient's Name:	AKA
Patient's Full Residential Address (including name and address of Residential Care Facility if applicable):	
Postcode:	
<input type="checkbox"/> Patient is a permanent resident in the above-named Residential Care Facility	
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
<input type="checkbox"/> I have checked DORA regarding this patient within the last seven days	
To prescribe the following Schedule 8 opioids at the specified dose:	
Indication for Schedule 8 opioids:	
ALL other medications concurrently prescribed (<input type="checkbox"/> Current Patient Medication List attached):	
The clinical use of this medication at this particular dose has been supported by (name of specialist):	
<input type="checkbox"/> Please attach the relevant specialist reports	
The patient <input type="checkbox"/> is / <input type="checkbox"/> is not in my opinion drug-dependent	
Grounds for drug-dependency: <input type="checkbox"/> Iatrogenic <input type="checkbox"/> Illicit	IVDU: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has been previously treated by:	
Patient has received opioid pharmacotherapy as part of any treatment for opioid substance use disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No	
And I have reason to believe this person:	
<input type="checkbox"/> Has a history of drug-seeking behaviour	
<input type="checkbox"/> Is exhibiting drug-seeking behaviour	
<input type="checkbox"/> Has used a notifiable or Schedule 8 substances contrary to prescribing instructions and normal route of administration (e.g. escalation of dose, injecting medication).	
Drugs Involved (please specify):	
<input type="checkbox"/> That none of the above applies to this patient	
Signature of medical practitioner:	Date: / /

For further information: Tel: (03) 6166 0400 - Email: pharmserv@health.tas.gov.au

All correspondence to be marked "Confidential" and sent to:
Chief Pharmacist, Pharmaceutical Services Branch, Department of Health
Post: GPO BOX 125, Hobart TAS 7001 – Fax: (03) 6173 0820 – Email: pharmserv@health.tas.gov.au