

H 572 7161918

Item count

**MINISTRY OF HEALTH
CONTROLLED DRUG PRESCRIPTION FORM**

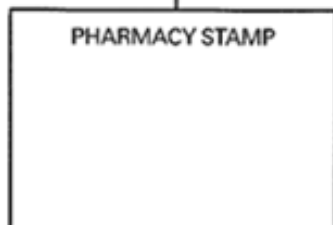
Circle Y J A P 1 2 3 4 Z

Prescription Date: 20.02.2002

Patient: MR FRANK A PATIENT

Address: FULL STREET ADDRESS

REQUIRED



NHI No: MUST INCLUDE

Age: (under 12 years)

Yr Mths

Maximum TWO items per form please

MORPHINE ELIXIR 5mg/ml
(FIVE MILLIGRAMMES PER ml)
Take 4mls (20mg) Q4H as
required for breakthrough pain
(m) 200mls (Two HUNDRED) plus
two repeats in one month

M-ESLON 60mg TWICE DAILY PO
(SIXTY MILLIGRAMMES)

(m) 20 tablets (TWENTY) plus
two repeats in one month

Practitioner's Signature: X

Please use rubber stamp on all copies Registration No

Practitioner's Name: DR A BLOGGS 12345

Pin No: CHRISTCHURCH HOSPITAL

Address: 2 RICCARTON AVE, CHRISTCHURCH

Pharmacy use

PHARMACY
COPY

H 572 7203321

Item count

**MINISTRY OF HEALTH
CONTROLLED DRUG PRESCRIPTION FORM**

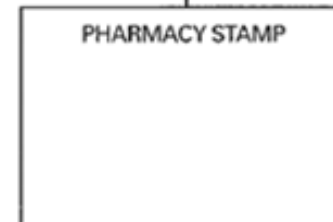
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Prescription Date: 20.02.2002

Patient: MR FRANK A PATIENT

Address: FULL STREET ADDRESS

REQUIRED



NHI No: MUST INCLUDE

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Yr Mths

Maximum TWO items per form please

MORPHINE SULPHATE
10 mg/ml ampoules
(TEN MILLIGRAMMES PER ml)
15mg (FIFTEEN MILLIGRAMMES) OVER
24 hours via subcut infusion as
directed.
(m) 20 ampoules (TWENTY) and 2 repeats
in one month

Practitioner's Signature: X

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