

Purchase Order For Scheduled Drugs

(Please use this form to order Schedule 8 medications and specific Schedule 4 medications, including benzodiazepines, codeine, gabapentin, tramadol, zolpidem, and zopiclone)

Order Date:	
Name of Licensed Wholesaler:	API
Name of Authorised Doctor:	
Authorised Doctor's Address:	
Authorised Doctor's D.O.B.:	
Clinic Name:	
Clinic Address: (please include suburb and postcode)	

Please supply the following:

DRUG NAME	FORM	STRENGTH	QUANTITY \ VOLUME

Signature of Authorised Doctor:	Date:
Name of Countersigning Nurse/Doctor 1:	Date:
Name of Countersigning Nurse/Doctor 2:	Date: