

Request for Medication to be administered in clinic

To be obtained via INPATIENT Pharmacy Ext: 4268/9

Patients Details (Addressograph acceptable)	Clinic:		
Hospital number:	Private Patient (please circle)	Yes	No
Name:	D.O.B:		
Address:	Allergies:		
	Indication/Diagnosis:		
	Date required for:		
Drug/Product	Strength/dose	Route	Quantity

Prescriber's Signature:

Date:

Prescriber's Name (printed):

Contact number/Bleep:

Prescriber's Registration (GMC/NMP) number:

Pharmacy use only						
Date	Clinical Check	Labeller	Dispenser	Final Check	PP processed in office date & initials	Collected by

