Name of approved pharmacy dispensing this order: Priceline Pharmacy Southland **Approval number of pharmacy: 25143H**

PRESCRIBER NAME: _____ **PRESCRIBER NUMBER: _____**

ADDRESS: _____ **PHONE NUMBER: _____** **MONTH/YEAR: _____**

Please tick the box next to the required products:

☐ **Adrenaline:** adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

☐ **Atropine:** Atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

Benzathine Benzylpenicillin:

☐ Benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent, 10 x 5 mL vial OR

☐ Benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes

☐ **Benzatropine:** Benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

☐ **Benzylpenicillin:** Benzylpenicillin 600 mg injection, 5 vials

☐ **Benzylpenicillin 3g:** Benzylpenicillin 3 g injection, 1 vial

☐ **Clonazepam:** Clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

☐ **DTP Vaccine:** Diphtheria 2 units + tetanus 20 units vaccine injection, 10 x 0.5 mL syringes

☐ **Frusemide Injection:** Furosemide (frusemide) 20 mg/2 mL injection, 5 x 2 mL ampoules

☐ **Frusemide Tablets:** Furosemide (frusemide) 20 mg tablet, 50

☐ **Glucagon:** Glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

☐ **GTN:** Glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

Hydrocortisone:

☐ Hydrocortisone (as sodium succinate) 250 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial OR

☐ Hydrocortisone (as sodium succinate) 100 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 2 x dual chamber vials

☐ **Hyoscine:** Hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

☐ **Methoxyflurane:** Methoxyflurane 99.9% (999 mg/g) inhalation solution, 3 mL bottle

☐ **Lagevrio:** Molnupiravir 200 mg capsule, 2 packs of 40 capsules

☐ **Lignocaine:** Lidocaine (lignocaine) hydrochloride monohydrate 1% (50 mg/5 mL) injection, 5 x 5 mL ampoules

☐ **Midazolam:** Midazolam 5 mg/mL injection, 10 x 1 mL ampoules

Morphine:

☐ Morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules OR

☐ Morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules OR

☐ Morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules OR

☐ Morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

Anti-emetics:

☐ Metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules OR

☐ Prochlorperazine mesilate 12.5 mg/mL injection, 10 x 1 mL ampoules

Naloxone:

☐ Naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules OR

☐ Naloxone hydrochloride 400 microgram/mL injection, 10 x 1 mL ampoules

☐ **Paxlovid:** nirmatrelvir 150 mg tablet [4] (&) ritonavir 100 mg tablet [2 per pack], 2 packs

☐ **Phytomenadione:** Phytomenadione 10 mg/mL injection, 5 x 1 mL ampoules

☐ **Promethazine:** Promethazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

Salbutamol:

☐ Salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules OR

☐ Salbutamol 100 microgram/actuation inhalation, 200 actuations OR

☐ Salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

Salbutamol 5mg/ml amps:

☐ Salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules OR

☐ Salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

Sedative:

☐ Chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules OR

☐ Haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

☐ **Tramadol:** Tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

OTHER S4 MEDICATIONS NOT IN PBS DOCTOR'S BAG

I declare that, in accordance with the *National Health Act 1953* and the National Health (Pharmaceutical Benefits) Regulations 2017, I have not exceeded the monthly maximum quantity allowed or placed any other order for any of the above prescriber bag supplies for the month printed on this form.

PRESCRIBER SIGNATURE: _____ **DATE: _____**