

2. Application (doctor to complete) (continued)

2.2 Application for medicine

Request for current medicine (please provide details and relevant laboratory tests to show success of therapy example blood pressure reading or HBA1C)

Condition	Medicine name, strength and dosage	Quantity each month	Is the patient controlled? (Please attach relevant details)

2.3 Previous medicine history

Medicine	Date medicine started	Length of therapy	Side effects experienced*	Lack of efficacy**

* Please provide details and severity

** Please provide details and attach laboratory test where appropriate

3. Doctor's details (doctor to complete)

Name of doctor

Practice number Speciality

Fax

Email

Date 2 0 Y Y M M D D

Doctor's signature

The outcome of this application must be communicated to me through my email address Yes No or fax number Yes No