

# Prescription requirements



## Hospital Prescription Form

Whangarei Base Hospital  Private Bag 0742,  
 Bay of Islands Hospital  Whangarei 0148,  
 Dargaville Hospital  Phone: 09 430 4100  
 Kaitiaki Hospital

Y J A O  
 1 3 4

Circle one from each line above

N Circle if person non-eligible for publicly funded health service in NZ

Z Circle if patient has High User HealthCard

Pharmacy use only  
 Item Count   
 Does patient have prescription subsidy card?   
 Pharmacy stamp

Mr Placebo Patient  
 32 Browns Road  
 Super Suburb, City 0000  
 DOB: 25/02/1969 NHI: NH10000

	Period Quantity	Disp.	Dispensing Date of Repeat	Pharmacist Initials
Rx Olanzapine sig: 10mg PO twice daily Mitte: 90 days Dispensing frequency 1/12		1st		
		2nd		
		3rd		
Rx Sodium valproate sig: 1200mg PO nocte Mitte: 90 days Dispensing frequency 1/12		1st		
		2nd		
		3rd		
Rx Zopiclone Sig: 15mg PO nocte Mitte: 90 days Dispensing frequency 1/12		1st		
		2nd		
		3rd		
Rx		1st		
		2nd		
		3rd		

This item could also be written in the following format:  
 Olanzapine 10 mg Tab  
 sig: 1 tab twice daily  
 Mitte: 60 tab + 2 repeats

This item could also be written in the following format:  
 Sodium valproate 500mg Tab  
 sig: 2 tab nocte  
 Mitte: 60 tab + 2 repeats  
 Sodium valproate 200mg Tab  
 Sig 1 tab nocte  
 Mitte: 30 tab + 2 repeats

This item could also be written in the following format:  
 Zopiclone 7.5mg Tab  
 sig: 2 tab nocte  
 Mitte: 60 tab + 2 repeats

Able Prescriber MC #99999  
 Prescriber's Name (Please Print) Reg. No. Signature of Prescriber Date  
 Direct Contact No. S. Prescriber 11 / 01 / 2014

- All prescriptions must contain**
- Prescriber details (must be able to identify prescriber)**
- the prescriber's name (first name and surname)
  - the prescriber's registration number
  - the name, address and phone number of the prescriber's healthcare facility
- Patient details**
- the patient's name (first name(s) and surname)
  - the patient's address (must be physical address, a PO Box number is not adequate)
  - the patient's NHI
  - the patient's date of birth (required for all patients under 12 years of age but recommended for all patients for clinical safety and ensuring correct patient identification)
  - the patient's prescription subsidy code, e.g. A4, J4, O4, etc.
- Medicines**
- the generic or brand name (generic name is preferable)
  - the formulation and/or route of administration
  - the dose and frequency of administration or clear directions for use
  - the duration of therapy to be dispensed or the quantity of medicine to be dispensed
  - the frequency of dispensing (if the prescriber wants a dispensing frequency different from the Pharmac dispensing frequency rule that applies to that specific medicine)
- And finally**
- The prescriber's signature and date of prescribing