

# Writing Controlled Drug Prescriptions

The CD prescription may only be dispensed within 7 days after the date of writing.

Include the name, total amount of CDs to be dispensed and the number of occasions which it may be dispensed.

Maximum quantity of supply is 1 month, which can be dispensed as 10 days + 2 repeats.

Print your name and NZMC registration number clearly so that you can be contacted if necessary.

H572	2615541	Item count 1
<b>MINISTRY OF HEALTH</b>		<b>PHARMACY STAMP</b>
CONTROLLED DRUG PRESCRIPTION FORM		
Circle	Y J A P 1 2 3 Z	
Prescription Date: ___/___/___		Age: (under 12 years) ___ Yr ___ Mths
Patient: _____		Pharmacy use
Address: _____		
Maximum TWO items per form please		
Morphine sulfate (LA-Morph) Sixty milligrams (60mg), bd Mitte: 1 month Quantity: Sixty (60) tablets		PHARMACY COPY
Morphine sulfate (Sevredol) Ten milligrams (10mg) q4h prn Mitte: 1 month Quantity: <i>Twenty (20) tablets (10 days) + 2 repeats</i>		
Practitioner's Signature: _____		
Please use rubber stamp on all copies		Registration No
Practitioner's Name: _____		
Address: _____		

• No patient stickers – the entire prescription must be handwritten by the prescriber.

Includes the age in years and months (in words) if the patient is under 12 years.

Prescription contains only recognised abbreviations

• Unusual doses or amounts prescribed should be underlined and initialled by the prescriber.