### Purchase order for scheduled drugs and/or poisons

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| --- |
| Unique order number: |
| Date: |
| Supplier [Name of licensed wholesaler or authorised seller of scheduled drugs and poisons]: |
| Name of person authorised to obtain scheduled drugs and poisons [e.g. nursing home/community pharmacy]: |
| Authorised person’s address: Suburb, Postcode [e.g. nursing home/community pharmacy]: |
| Name of authorised person’s company or business [e.g. nursing home/community pharmacy]: |
| Address of company/business [e.g. nursing home/community pharmacy]: |
| Suburb, Postcode [e.g. nursing home/community pharmacy]: |

The following details must be provided

|  |  |  |  |
| --- | --- | --- | --- |
|  **Drug (generic name) / Trade name** |  **Form e.g.**  **Capsules etc.** |  **Strength (75/30mg)** |  **Quantity** |
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| Signature of authorised person Date:Signatory must be one of the following:* the nursing home’s director of nursing or medical superintendent
* the pharmacist in charge of the nursing home’s dispensary
* the registered nurse in charge of the nursing home
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| Name of countersigning person [if applicable]: |
| Address of countersigning person [if applicable]: |
| Signature of countersigning person: Date: |

This is a generic template, the use of which is not mandatory. Other formats of purchase orders may be more suitable for certain persons. They are acceptable if all requirements for purchase orders in the *Health (Drugs and Poisons) Regulation 1996* are complied with.