

Purchase order for scheduled drugs and/or scheduled poisons <i>Health (Drugs and Poisons) Regulation 1996</i>		Unique order number	
		Date	
Name of licensed wholesaler of scheduled drugs and poisons:			
Name and address of person authorised to obtain scheduled drugs and poisons:			
Name and address of authorised person's company / business / organisation:			
Please supply the following:			
Drug (generic name)/ Trade name	Form eg. amps, solution etc	Strength	Quantity / Volume
Signature of authorised person (or delegate)			Date
Name and address of countersigning person (if applicable)*:			
Signature of countersigning person*			Date

* Countersigning person is required where authorised person (or delegate) is NOT a doctor.

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