

## EMERGENCY ORDER FOR CONTROLLED DRUGS ONLY

Please supply for use in ..... Out of Hours Centre

DESCRIPTION AND STRENGTH	QUANTITY REQUIRED Words and figures	QUANTITY SENT	PHARMACY USE
1			
2			

ORDERED BY ..... DATE ..... / ..... / .....

**Signature of doctor**

PRINT NAME .....

**Doctor**

SUPPLIED BY ..... DATE ..... / ..... / .....

**Pharmacist's signature**

ACCEPTED FOR DELIVERY ..... DATE ..... / ..... / .....

**Signature of Messenger**

RECEIVED BY ..... DATE ..... / ..... / .....

**To be signed in the presence of the Messenger by the doctor**

TO BE RETAINED IN BOOK