

Purchase order

V1.0

Purchase order for scheduled drugs and/or poisons

Unique order number:
Date :
Name of licensed wholesaler of scheduled drugs and poisons:
Name of authorised to obtain scheduled drugs and poisons:
Authorised person address:
Suburb, Postcode:
Name of authorised person's company or business:
Address of company/business:
Suburb, Postcode:

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 of countersigning person (if applicable):			
Address of countersigning person (if applicable):			
Signature of countersigning person*:		Date:	

*Counter signing 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.