

Practitioner's Supply Order Form

Notes

1. The New Zealand Pharmaceutical Schedule provides for a practitioner to order medical supplies for an emergency, or for teaching and demonstration purposes. There is also provision to certain patient groups where an individual prescription is not practicable.

Areas other than rural

- a) A practitioner may obtain, pursuant to a practitioner's supply order and subject to any condition set out in Section B of the Pharmaceutical Schedule, items and quantities specified in Section E, Part 1 of the Pharmaceutical Schedule.

Rural areas

- b) The quantity ordered should be a reasonable supply for up to one month. The practitioner may be asked to justify the quantities ordered.
2. Pharmaceuticals in the New Zealand Pharmaceutical Schedule which have restricted conditions are not available on a practitioner supply order.
 3. This method of obtaining supplies is not intended to be used for dispensing pharmaceuticals. It is to provide treatment to patients in an emergency, or to provide treatment before supplies can be obtained through a prescription.

To order more copies, please contact Te Whatu Ora, telephone 0800 855 066 or email customerservice@health.govt.nz
Give your name, physical address and contact details, and quote reference number HP5787.

Please use form H.571 for Controlled Drugs

Practitioner's Supply Order Form

(Note: Use form H.571 for controlled drugs)

Te Whatu Ora
Health New Zealand

Pharmaceutical requirements (Name and strength)	Quantity required
Caresens Dual (Glucose & Ketone meter)	1
Caresens Pro (blood glucose test strips)	50
Ketosens (blood Ketone test strips)	10

~~EXAMPLE~~

Signature of
practitioner (only):

[SIGNATURE]

Contractor's stamp

Reg no.

[XXXXXXXX]

Name (Please print)

[NAME]

Address of practitioner:

[ADDRESS]

Date:

XX XX XX

Rural ☒ Y ☐ N

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Practitioner's Supply Order Form

(Note: Use form H.571 for controlled drugs)

Te Whatu Ora
Health New Zealand

Pharmaceutical requirements (Name and strength)	Quantity required
Caresens N Premier (glucose meter)	1
Caresens N (blood glucose strips)	50

~~EXAMPLE~~

Signature of
practitioner (only):

[SIGNATURE]

Contractor's stamp

Reg no.

[XXXXXXXX]

Name (Please print)

[NAME]

Address of practitioner:

[ADDRESS]

Date:

XX XX XX

Rural: Y / N

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