Australian Government

Department of Health

Deodorant and Absorption Gelling Sachets Authorisation Form

Product Information:
Deodorant and Absorption Gelling Sachets are thickening agents to manage high liquid output.

Restrictions on use:
If a patient fits the criteria below they must be assessed by a Stomal Therapy Nurse (STN), Nurse Practitioner, Registered Nurse, or a Registered Medical Professional, in order to rule out other underlying problems.

Criteria:

- patient must have high liquid output.

Authorisation Form

I…… give
(Full Name of Stomal Therapy Nurse (STN)/ Nurse Practitioner/ Registered Nurse, or Registered Medical Professional)

Patient name ……

Authority to order the Deodorant and Absorption Gelling Sachets from their Stoma Association.

The above mentioned patient has received education from me and has agreed to return for a review within six months of initial consultation.

Stomal Therapy Nurse (STN)/ Nurse Practitioner/ Registered Nurse, or

Registered Medical Professional's Signature ……

Patient's signature ……

Date …….

Note: ***The above must be ordered within two months of application issue date***

STOMA ASSOCIATION

Patient's name ……....

Patient membership number ……..

Signature of distribution person …….

Date ……....