

Circle one from each line

# Standard Prescription Form

Item  
Count

**Y J A O**

**1 3 4**

**Z** *(Circle if patient has  
High Use Health Card)*

NZMC Reg No.

Name & Full Residential Address of Patient

Mr Master Mrs Miss Ms *(Circle one)*


PS Card No.
CS Card No.
HUH Card No.
NHI No.

Date of Birth

/	/
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Period  
Quantity

Pharmacist  
Initials

Pharmacy  
Sticker

Rx


Rx


Rx


Rx


Signature of Prescriber

Date

/	/
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