| *Circle one from each line*  Y J A P O  1 2 3 4  Z *(Circle if patient has*  *High Use Health Card)* | **Hospital Prescription Form**  Picture  **HOROWHENUA HEALTH CENTRE**  **62 Liverpool Street, Levin**  **Phone (06) 366 0888**  **{docname} {docregistration}**  **(Prescriber’s Name) Registration Number** | | | | | | *Pharmacy use only*  Item Count   |  | | --- |   Does Patient  have Prescription  Subsidy Card?   |  | | --- | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **Name of Patient** (*Must complete by hand if using sticky label)*  Mr Master Mrs Miss Ms (Circle one)   | {title} {firstnames} **{surname}** | | --- |   Full residential Address of Patient *(Hand write or attach sticky label)*   | {street} | | --- | | {town} | | {city} |   Date of BirthNHI Number   | **{dob}** |  | **{nhi}** | | --- | --- | --- | | | | | *Pharmacy Stamp* | | | | |
| Period Dispensing Pharmacist  Quantity Disp. Date of Repeat Initials | | | | | | | | |
| {rx1}  *GENERIC SUBSTITUTION PERMISSABLE* | | |  | | *1st* |  | |  |
|  | | *2nd* |  | |  |
|  | | *3rd* |  | |  |
| {rx2}  *GENERIC SUBSTITUTION PERMISSABLE* | | |  | | *1st* |  | |  |
|  | | *2nd* |  | |  |
|  | | *3rd* |  | |  |
| {rx3}  *GENERIC SUBSTITUTION PERMISSABLE* | | |  | | *1st* |  | |  |
|  | | *2nd* |  | |  |
|  | | *3rd* |  | |  |
| {rx4}  *GENERIC SUBSTITUTION PERMISSABLE* | | |  | | *1st* |  | |  |
|  | | *2nd* |  | |  |
|  | | *3rd* |  | |  |
| {rx5}  *ENERIC SUBSTITUTION PERMISSABLE* | | |  | | *1st* |  | |  |
|  | | *2nd* |  | |  |
|  | | *3rd* |  | |  |
| {rx6}  *GENERIC SUBSTITUTION PERMISSABLE* | | |  | |  |  | |  |
|  | |  |  | |  |
|  | |  |  | |  |
| Certified Extended Supply: | | *{signature} {date}* | | | | | | |

Signature of Prescriber Date