



Pharmaceutical Services Branch

APPLICATION FOR REVIEW – For Patients

Application for the review of a decision on an application to prescribe narcotic substances under Section 59E (s59E) of the *Poisons Act 1971*

I, (full name of applicant)
of, (applicant address including postcode)
Telephone number: Date of Birth:...../...../.....

Apply for review of the decision with respect to the authority to prescribe narcotic substances under Section 59E of the *Poisons Act 1971* which was requested by:

Prescriber, (full name of prescriber)
of, (address of prescriber)
For: (full name of patient) Date of Birth:...../...../.....
of, (address of the patient)

Have you checked if a s59E authority application has been submitted by the above-mentioned medical practitioner?

Yes No

Have you discussed this application with the above-mentioned medical practitioner?

Yes No

Reason for seeking review of the delegate's decision:

Please attach any relevant additional information (additional pages may be attached).

MUST BE COMPLETED IF THE PATIENT IS THE APPLICANT

Signature of patient: Date: / /20.....

Proof of patient identity must be attached: a photocopy of driver's licence or passport; or two other forms of identification (for example, a health care card, Medicare card or Aurora statement).

MUST BE COMPLETED IF THE CARER IS THE APPLICANT

As the patient prescribed narcotic substances, I, (full name of patient) consent to the Department of Health providing my personal information to (full name of carer) in relation to this application for review on my behalf.

Signature of patient: Date: / /20.....

Proof of patient identity must be attached: a photocopy of driver's licence or passport; or two other forms of identification (for example, a health care card, Medicare card or Aurora statement).

Signature of carer: Date: / /20.....

Proof of carer identity must be attached: a photocopy of driver's licence or passport; or two other forms of identification (for example, a health care card, Medicare card or Aurora statement).

This application is to be forwarded marked attention to The Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO Box 125, Hobart, Tasmania, 7001 OR to pharmserv@health.tas.gov.au