

H 572 7161918

Item count

**MINISTRY OF HEALTH**  
**CONTROLLED DRUG PRESCRIPTION FORM**

Circle Y J A P 1 2 3 4 Z

Prescription Date: 20.02.2002

Patient: MR FRANK A PATIENT

Address: FULL STREET ADDRESS

REQUIRED

NHI No: MUST INCLUDE

Age: (under 12 years)

Yr Mths

Maximum TWO items per form please

MORPHINE ELIXIR 5mg/ml  
(FIVE MILLIGRAMMES PER ml)  
Take 4mls (20mg) Q4H as  
required for breakthrough pain  
(M) 200mls (Two hundred) plus  
two repeats in one month

M-ESLON 60mg TWICE DAILY PO  
(SIXTY MILLIGRAMMES)

(M) 20 tablets (Twenty) plus  
two repeats in one month

Practitioner's Signature: X

Please use rubber stamp on all copies

Registration No

Practitioner's Name: DR A BLOGGS 12345

Pin No: CHRISTCHURCH HOSPITAL

Address: 2 RICCARTON AVE, CHRISTCHURCH

PHARMACY  
COPY

H 572 7203321

Item count

**MINISTRY OF HEALTH**  
**CONTROLLED DRUG PRESCRIPTION FORM**

Circle Y J A P 1 2 3 4 Z

Prescription Date: 20.02.2002

Patient: MR FRANK A PATIENT

Address: FULL STREET ADDRESS

REQUIRED

NHI No: MUST INCLUDE

Age: (under 12 years)

Yr Mths

Maximum TWO items per form please

Pharmacy use

MORPHINE SULPHATE  
10 mg/ml ampoules  
(TEN MILLIGRAMMES PER ml)  
15mg (FIFTEEN MILLIGRAMMES) OVER  
24 hours via subcut infusion as  
directed.  
(M) 20 ampoules (Twenty) and 2 repeats  
in one month

Practitioner's Signature: X

Please use rubber stamp on all copies

Registration No

Practitioner's Name: DR A BLOGGS 12345

Pin No: CHRISTCHURCH HOSPITAL

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