

Application for a warrant to obtain or use ovulatory stimulants

Drugs, Poisons and Controlled Substances Act 1981

(Please print **legibly** in block letters and provide all information)

| | | | |
|---|---|--------------------------------|----------|
| PRESCRIBER DETAILS | SURNAME (FAMILY NAME) | FIRST NAME | |
| | Dr/Prof | | |
| | PRACTICE ADDRESS | | |
| | SUBURB/TOWN | | POSTCODE |
| | TELEPHONE | FAX | |
| | QUALIFICATIONS | PRESENT HOSPITAL APPOINTMENT/S | |
| | EXPERIENCE RELEVANT TO OVULATORY STIMULANTS | | |
| NAME/TYPE OF OVULATORY STIMULANT REQUIRED | | | |

Important notice about privacy

It is a requirement of the *Drugs, Poisons and Controlled Substances Act, 1981* ('the Act') that the information set out on this form is provided to the Department of Human Services (DHS). Failure to provide all the information may delay the processing of your application.

Further information about the Department, the *Health Records Act 2001* and other privacy legislation, can be viewed at the Department's web site (<http://www.dhs.vic.gov.au/privacy/>). Access to DHS records can be requested by lodging a Freedom of Information request with the Freedom of Information Unit, Department of Human Services, GPO Box 4057, Melbourne 3001.

Declaration by Applicant:

In support of my application for a warrant to obtain and use ovulatory stimulants I have attached documentary evidence of Fellowship of the Royal Australian College of Obstetricians and Gynaecologists.

Signature of applicant: _____ Date: _____

Fax or post completed application to:

Manager, Drugs and Poisons Unit
PO Box 1670N
MELBOURNE 3001
Fax: 1300 360 830

For further information, please contact:

Drugs and Poisons Unit
Telephone: 1300 364 545