

Application for a warrant to obtain or use prostaglandins

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
	PRACTITIONER'S PRIVATE ADDRESS		
	SUBURB/TOWN		POSTCODE
	TELEPHONE	FAX	
	QUALIFICATIONS	PRESENT HOSPITAL APPOINTMENT/S	
	EXPERIENCE RELEVANT TO PROSTAGLANDINS		
	NAME/TYPE OF PROSTAGLANDIN REQUIRED		

Declaration by Applicant:

In support of my application for a warrant to obtain and use prostaglandins I have attached documentary evidence:

- i. of FRACOG,
- ii. of MRACOG,
- iii. of other specialist qualification,
- iv. that I have obtained the Diploma RACOG after 1 January 1992,
- v. completed a course approved by the RACOG and the RACGP, or,
- vi. been accredited to practice obstetrics at.....

I undertake to use prostaglandins for obstetric purposes only under conditions where facilities for cardiotocographic monitoring and emergency Caesarian section are available.

Signature of applicant: _____ Date: _____

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.

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