

Application for a warrant to obtain or use retinoids

Drugs, Poisons and Controlled Substances Act 1981

Drugs, Poisons and Controlled Substances Regulations 2006

(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 RETINOIDS			

Declaration by Applicant:

In support of my application I have attached documentary evidence of Fellowship of the Australasian College of Dermatologists / Royal Australasian College of Physicians (RACP) – Haematology / Medical Oncology*.

I hereby declare that I will:

1. treat with retinoids only
 - a) males; or
 - b) females for whom the possibility of pregnancy occurring can be ruled out or adequate safeguards are in place to ensure that pregnancy does not occur during the course of treatment; and
 - i) for one month after cessation of treatment with isotretinoin; and
 - ii) for two years after cessation of treatment with etretinate or acitretin (including where the retinoid is used to treat a severe dermatological conditions which are unresponsive to other treatment); and
2. inform each patient who I treat with a retinoid of the potential teratogenic affects of the retinoid and that he/she must keep the retinoid in a secure place and not allow anyone else to use it.

Signature of applicant: _____ Date: _____

PATIENT DETAILS	Complete this section where a physician based warrant is not applicable, and provide documentary evidence of qualifications and experience relevant to treatment of condition.	
SURNAME (FAMILY NAME)	FIRST NAME	
DATE OF BIRTH	SEX (MALE/FEMALE)	
CONDITION TO BE TREATED		
NAME OF RETINOID(S) REQUIRED		

* delete as 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 or the registering of your notification. You are required to inform the patient of the mutual obligations of both medical practitioners and DHS in relation to the collection, storage and use of this information. You are required to generally advise that: The *Act* requires that this information be provided to DHS:

- to meet statutory notification requirements, and
- for the issuing of warrants as required under the legislation.

The Department discloses the information only:

- to a medical practitioner when necessary to facilitate co-ordination of the patient's drug treatment and safe prescribing of drugs, or
- when otherwise required by law.

The patient has a right to gain access to the information.

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 Regulation Group
PO Box 4057
MELBOURNE 3001
Fax: 1300 360 830

For further information, please contact:

Drugs and Poisons Regulation Group
Telephone: 1300 364 545