

H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA)

General Practice and Aboriginal Medical Service Order Form

FAX to 1800 041 528

Please provide your completed treatment record form when requesting re-supply

PROVIDER DETAILS		
Date:	Vaccine Account Number (VAN):	
Practice Name:	Number of GPs in practice (F/T and P/T):	
Name of person ordering:	Phone:	
	Fax:	
Opening Hours (for delivery):		
Delivery Address:		
DECLARATION:		
<p><i>For practices with only a single practitioner, this declaration must be made by the practitioner. For practices with multiple practitioners this declaration must be made by a duly authorised practitioner or practice manager on behalf of all practitioners.</i></p> <ul style="list-style-type: none"> I/we understand that in order for my/our practice to be provided with free anti-viral medication and surgical masks from the national medical stockpile I/we agree to follow the Australian Government criteria for the use of stockpile medication. I/we agree to provide a record in the form of a line listing of patients who have already received anti-influenza treatment from the national medical stockpile when requesting re-supply. I/we understand that my/our practice may be audited at any time to assess compliance with the Australian Government criteria for use of stockpile medication. 		
Name of authorised practitioner:		
Signature:		Date:
ORDER:	Number of boxes in stock	Number of boxes to be supplied
Oseltamivir 75mg (TAMIFLU) (pack of 10 capsules)		
Zanamivir 5mg (Relenza) inhaler		
Surgical masks		

Replacement stock can only be issued when the treatment record form is attached to the order. The number of names listed in the treatment record form must match the number of replacement courses ordered.