



Government of Western Australia
WA Country Health Services

KSDL INDIVIDUAL PATIENT SUPPLY FORM

(Prescriber to complete for patients who require a S100 medicine that is NOT on the KSDL)

or

MODIFICATION REQUEST FORM

(For general requests for addition/amendments on the KSDL)

Note: For KSDL individual patient supply:-

Signing of this form constitutes your acceptance of the following condition:

THE DRUG WILL ONLY BE USED FOR THE NAMED PATIENT IDENTIFIED BELOW

(This is a requirement of the KSDL implementation policy - an approved policy of the Kimberley Medical Advisory Committee and the Executive of WACHS-Kr)

Patient Name: (Not necessary for modification requests)

Date of Birth dd/mm/yy

Drug name and strength:

Quantity required: *(Up to a maximum of 6 months supply)*

Rationale for Prescription or Reason for Addition on the KSDL: *(i.e. why was a drug from the KSDL not appropriate in this instance)*

Prescriber Name: *(please print and sign)*

Date dd/mm/yy

Prescriber Location:

Date dd/mm/yy

Note: Please advise your patient that this medicine will not be routinely available from other KHR or AMS clinics and so to ensure continuity of supply they must return to the clinic (or hospital) from which they obtained their initial supply

Please return this form to either:

(i) Regional Pharmacist - Fax: (08) 9194 2824,
POST: Broome Health Services, PO Box 62, Broome WA 6725
EMAIL: Roy.Finnigan@health.wa.gov.au

(ii) KAMS Pharmacist - Fax: 08 9192 2500,
POST: KAMSC, PO Box 1377, Broome WA
6725 EMAIL:
kps@kimberleypharmacyservices.com.au