

H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA)

General Practice and Aboriginal Medical Service Order Form

Fax to 1800 041 528

Enquiries regarding orders/dispatch: **1300 656 132**

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

PROVIDER DETAILS		
Date:	Number of GPs in practice (F/T and P/T):	Vaccine Account Number (VAN):
Practice Name:		Opening Hours (for delivery):
Delivery Address:		
Phone:	Name of person ordering:	
Fax:		

DECLARATION:

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/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) <i>Maximum of 50 boxes (courses) per order</i>		
Zanamivir 5mg (RELENZA) inhaler <i>Maximum of 10 boxes (courses) per order</i>		
Surgical masks <i>Maximum of 6 boxes per order (each box contains 50 masks)</i>		

