

# Controlled Drugs Template for CD2 and CD3 Drugs

Prescriber's Address:

Prescriber's Telephone Number:

Date :

Patient Name :

Patient Address :

\_\_\_\_\_  
*Name of Drug*  
(Brand or Generic)

\_\_\_\_\_  
*Strength*

\_\_\_\_\_  
*Dosage Form*

\_\_\_\_\_  
*Dose*

\_\_\_\_\_  
*(Total quantity/Dosage Units)*  
(Words)

\_\_\_\_\_  
*(Total quantity/Dosage Units)*  
(Figures)

\_\_\_\_\_  
First Name

(PRESCRIBER DETAILS)

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Registration Number