

# Controlled Drugs Template for CD4 - PART 1

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**