Purchase order for scheduled drugs and/or scheduled poisons		Unique order number	
Health (Drugs and Poisons) Regulation 1996		Date	
Name of licensed wholesaler of scheduled drugs			
Name and address of person authorised to obtain	n scheduled drugs and pois	sons:	
Name and address of authorised person's compa	any / business / organisatio	on:	
Please supply the following:			
Drug (generic name)/ Trade name	Form eg. amps, solution etc	Strength	Quantity / Volume
Signature of authorised			
person (or delegate)		Date	
Name and address of countersigning person (if a	pplicable)*:		
Signature of countersigning person*		Date	

This is a generic template, the use of which is not mandatory. Other formats of purchase orders may be more suitable for certain persons and they are acceptable, if all requirements for purchase orders in the *Health (Drugs and Poisons) Regulation 1996* are complied with.

^{*} Countersigning person is required where authorised person (or delegate) is NOT a doctor.