

Pharmaceutical Cancer Treatments Paediatric Oncology/Haematology Notification Form

Return completed form to: NPPA Coordinator
Phone: 0800 660 050 option 2
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| Patient details | |
|-----------------|--|
| Last name | |
| First name | |
| Date of birth | |
| NHI number | |

| Prescribing practitioner details | |
|----------------------------------|--|
| Last name | |
| First name | |
| NZMC number | |

| Dispensing pharmacy | |
|---------------------|--|
| DHB | |
| Hospital | |
| Fax number | |

| Indication |
|------------|
| |

| Treatment | |
|---------------|--|
| Chemical name | |
| Formulation | |
| Brand | |
| Pharmacode | |
| Start date | |

| Contact name | Phone number |
|--------------|--------------|
| | |

Fax completed form to (09) 523 6870
(diverts to Wellington)