



CONFIDENTIAL

REQUEST FOR AUTHORITY TO IMPORT AN UNREGISTERED MEDICINE

Section 75 of the Medicines and Allied Substances Control Act [Chapter15:03]

SECTION A: (To be completed by the pharmacist)

- 1. Patient's name:.....
- 2. Address:
- 3. Approved/generic name of medicine
- 4. Brand name of medicine Manufacturer
- Reference text (from which 3,4 extracted) BNF Martindale Other (Specify).....
- 5. Dosage..... Dosage form..... Strength.....
- Pack size Quantity
- 6. Endorsement by Pharmacy.....

SECTION B: (To be completed by the medical practitioner)

- 7. Medical history:.....
- (7.1) Clinical condition:
- (7.2) Medicines previously used:
- (7.3) Outcome of treatment (in brief) with medicines mentioned in (b) above:
- (7.4) Any additional information:
- 8. * Progress report (including adverse drug reactions if any) and request for continuation:
- 9. Name and physical address of medical practitioner:.....
- 10. Qualifications:.....
- 11. Signature:..... 12. Date

NB: This form to be submitted to the patient's pharmacy with the relevant prescription. To be completed for any subsequent applications after the initial 6 months approval.

ALL SECTIONS MUST BE COMPLETED.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED