STABILISATION FORM

Prescription ..... [medication]

1a. Medical necessity: [cross box(es)]

- ☐ Required dose cannot be achieved with available (registered) medication
- ☐ Patient needs to stabilize before further tapering.
- ☐ The patient will be using medication on a chronic basis.

1b. Tablets are the most suitable dosage form; liquid medication has been considered.: ☐ yes [cross box]

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2. Initials and surname patient: . . . . . .

Date of birth (dd-mm-yyyy): . . - . . - . . . . Sex: ☐ M / ☐ F ID-number: . . . . . .

Street and house number: . . . . . .

Postal code and city: . . . . . Country: . . . . . .

Email address (**mandatory!**): Phone: . . . . . .

Patient consents to receiving the medication from Regenboog Pharmacy. ☐ yes [cross box]

Patient consents to share/transfer information to the local pharmacy: ☐ yes [cross box]

Local pharmacy: . . . . . .

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3. Surname prescribing physician: . . . . . .

Physician registration number: . . . . . .

Street and house number: . . . . . .

Postal code and city: . . . . . .

Email address (**mandatory!**):

Phone: . . . . . .

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4. Fill in **medication, dosage,** and **duration of treatment** below.:

MEDICATION: .....

DOSAGE: .....mg

DURATION OF TREATMENT: ..... **x 28 days** (deliveries always in multiples of 28 days)

5. This prescription is in accordance with the treatment protocol and was agreed upon following consultation between the physician and the patient.

Date:

Physician's stamp (preferably):

Signature physician:

Shipping address (send prescription hardcopy):

Regenboog Apotheek Bavel

Antwoordnummer 16500

4840WJ Bavel, The Netherlands

Email address (send presciption digitally)

tapering@regenboogapotheek.nl

N.B. Patient will receive a confirmation once prescription is processed.