



PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Patient details

Patient details
(initials, ID or URN, DOB, Sex)

Diagnosis

Previous SAS No.

Clinical justification for use of product
Include appraisal of seriousness of patient's condition; detail previous treatments and expected benefits from use of the product

Product details *Attach efficacy and safety data to support proposed use of the product and details of intended monitoring regime. *Complete for medicines only.*

Active*
ingredient

Trade name
/Device name

Company/supplier

Dose form*

Route of administration*

Dosage*

Duration of treatment

Prescribing doctor details

Name

Initial Surname

Hospital

Postal
address

Department

Phone

Fax number

Signature