JOONDALUP
HOSPITAL PHARMACY

Joondalup Hospital Pharmacy, Joondalup Health Campus
Shenton Ave, Joondalup WA 6027

Phone 9400 9900
Fax 9400 9901

Elastomeric Order Form

Ward: _____ Date / /

Doctor: _____ Doctor's signature: _____

Patient Details

Place patient's sticker here

- ☐ PICC inserted
- ☐ Clinical Governance
  Dr _____
- ☐ Authority Prescription
  (if required for PBS medicines)
- ☐ Finance approval

Start Date / /

End Date / /

Medication _____

Dose _____

Payment ☐ Hospital ☐ Private patient ☐ Silver Chain

If Private Patient Health fund _____

Policy number _____

Prescription supplied for full treatment ☐ Yes ☐ No

Pharmacy Use Only

Request Received Date / /

Time _____ AM / PM

Duration of treatment / / to / / _____ days

Cost per device $ _____ Expected PBS reimbursement $ _____

Net total cost estimate $ _____ Elastomeric expiry _____ days