

Dangerous Drugs (Prescribed Forms) (Amendment) Regulations 2022

GN No. 95 of 2022

Government Gazette of Mauritius No. 64 of 30 April 2022

THE DANGEROUS DRUGS ACT

Regulations made by the Minister under section 18 and 60 of the Dangerous Drugs Act

- 1.** These regulations may be cited as the **Dangerous Drugs (Prescribed Forms) (Amendment) Regulations 2022**.
- 2.** In these regulations -
 "principal regulations" means the Dangerous Drugs (Prescribed Forms) Regulations 2001.
- 3.** The Second Schedule to the principal regulations is amended by revoking Part I and replacing it by the Schedule set out in these regulations.
- 4.** These regulations shall be deemed to have come into operation on 1 June 2021.

Made by the Minister on 20 April 2022.

SCHEDULE

[Regulation 3]

SCHEDULE

[Second and Third Schedules to the Dangerous Drugs Act]

DANGEROUS DRUGS PRESCRIPTION FORM

(Section 18 of the Dangerous Drugs Act)

Part I (a)

Prescription form for Dangerous Drugs to be used in the Private Sector

Ministry of Health and Wellness

PRESCRIPTION FORM FOR DANGEROUS DRUGS (SCHEDULE II AND III OF DANGEROUS DRUGS ACT)																					
(Government Notice No. of 2022)																					
Name of Doctor:	Serial No:																				
Address:	Date:																				
Tel. No:	Fax:																				
E-Mail:																					
Medical Registration No:																					
<u>Particulars of patient</u>	<u>FOR PHARMACY USE</u>																				
Name:	To indicate in this column:																				
Address:	(i) quantity supplied/ dispensed/sold against each item, or																				
Sex: Age:	(ii) N/A, N/S-Not Available, Not Supplied																				
NID: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
Signature of Doctor:																					
<u>For Dental Surgeon/Veterinary Surgeon use only</u> Please tick as appropriate																					
Dental Surgeon-For Local Dental Treatment Only	<input type="checkbox"/>																				
Veterinary Surgeon-For Animal Treatment Only	<input type="checkbox"/>																				
Stamp of Pharmacy:																					
Name of Pharmacy:	Name of Pharmacist:																				
Signature of Pharmacist:	Date Dispensed:																				
NOTE: THIS PRESCRIPTION IS FOR SINGLE USE ONLY DO NOT SUPPLY MORE THAN ONCE																					

NOTE -

- (1) Size of prescription form (excluding counterfoil): 148(w) x 210(L) mm (A5 Paper size).
- (2) To be printed on NCR paper type.
- (3) The prescription form shall be in triplicate of three distinct colours as follows -
 - (a) **Original (White)** - Pharmacist's Copy (To be kept in Pharmacy after dispensing);
 - (b) **Duplicate (Green)** - Patient's Copy (To be handed over to patient after dispensing);
 - (c) **Triplicate (Yellow)** - Doctor's Copy (To remain in prescription pad for presentation at time of requisitioning of a new prescription pad).
- (4) Each Prescription Pad will contain 50 (fifty) serially numbered Prescription Forms in triplicate.
- (5) Serial Numbers will be indicated on the front cover of each Prescription Pad.

NOTE –

- (1) Size of prescription form (excluding counterfoil): 148(w) x 210(L) mm (A5 Paper size).
- (2) To be printed on NCR paper type.
- (3) The prescription form shall be in triplicate of three distinct colours as follows -
 - (a) **Original (White)**- Pharmacist's Copy (To be kept in Pharmacy after dispensing);
 - (b) **Duplicate (Green)** - Patient's Copy (To be handed over to patient after dispensing);
 - (c) **Triplicate (Yellow)** - Doctor's Copy (To remain in prescription pad for presentation at time of requisitioning of a new prescription pad).
- (4) Each Prescription Pad will contain 50 (fifty) serially numbered Prescription Forms in triplicate.
- (5) Serial Numbers will be indicated on the front cover of each Prescription Pad.