

If faxing prescriptions, the original **MUST** be mailed to the pharmacy and **NOT** given to the patient or any other party

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CDHB Prescription Christchurch Hospital

2 Riccarton Avenue
03 364 0640

Circle one from each line

Y J A O

1 3 4

Z (Circle if patient has High Use Health Card)

Item Count

Does the patient have Prescription Subsidy Card?

Doctor _____

NZMC _____

03 364 0640

Attach patient label here

Pharmacy Stamp

Pharmacist Initials

Rx	Medicine:	4% chlorhexidine aqueous solution	
	Instructions:	Use as a soap substitute and shampoo to wash all of the skin and the scalp daily	
	Quantity:	500 mls, 2 repeats	
Rx	Medicine:	25% betamethasone valerate 0.1% in cetomacrogol	
	Instructions:	applied to all of the inflamed skin from the neck down daily after showering for 7 days, then 2-3 days a week thereafter	
	Quantity:	500 gm	
Rx	Medicine:	Aristocort triamcinolone acetonide 0.02% cream	
	Instructions:	applied to the facial dermatitis daily for 7 days, then 2-3 days a week thereafter.	
	Quantity:	100 g	

Certified Extended Supply
Generic Substitution is permitted

Signature of Prescriber

Date