

Medical Order Form

Medication injection and non-schedule vaccination

All fields must be completed for the form to be considered valid.

This form is a requirement for our nurses to provide medication injections and non-funded injections.

Please return form with a valid prescription to: Bendigo UFS, Hargreaves Street Pharmacy, 379 Hargreaves Street, Bendigo, VIC 3550 or email vaccination@bendigoufs.com.au

Patient Details		
Date of order: / /	Type: Medication Injection <input type="checkbox"/> Vaccination <input type="checkbox"/>	
Patient First Name:	Patient Last Name:	
Date of Birth:	Mobile:	
Medication Name (Generic):	Dose:	
Route of Administration:	Intramuscular <input type="checkbox"/> Subcutaneous <input type="checkbox"/>	
Once Only <input type="checkbox"/>	Date of Medication to be administered: / /	
Multiple Doses <input type="checkbox"/>	This section is to be completed by Bendigo UFS Immunisers only	
	Date to be Administered	Nurse

General Practitioner/Specialist
Medical Practitioner Name:
Provider Number:
Contact Number:
Medical Practitioner Signature: