

# OPTOMETRISTS PRESCRIPTION

OPTOMETRIST: [INSERT NAME HERE]  
ADDRESS: [INSERT ADDRESS HERE]  
TELEPHONE: [INSERT TELEPHONE HERE]

ENDORSEMENT NO: [INSERT ENDORSEMENT NO. HERE]

This optometrist is endorsed under the Health Drugs and Poisons Regulation 1996 Section 170(2) and Appendix 9 to prescribe approved prescriptions for Ocular Therapeutic Drugs which comply with the Approved Ocular Therapeutic Protocol.

PATIENT NAME: .....

ADDRESS: .....

.....

CITY: ..... CODE: .....

Confirmation of this Endorsement number can be obtained from the Assistant Registrar, Optometrists Registration Board of Queensland.  
Telephone: 07 3225 2517

PRESCRIPTION NO: [INSERT NO. HERE]

PRESCRIPTION DETAILS:

BRAND SUBSTITUTION NOT PERMITTED

.....  
SIGNATURE OF PRESCRIBER

DATE:...../...../.....