



FREE MEDICINE PROGRAM MANUAL DISPENSING FORM

- This form needs to be filled in and sent to the IT Office, Ministry of Health and Medical Services, Head Quarters in times when the PATISPlus application is not accessible.

CUSTOMER DETAILS:

National Health Number

Customer Name :

PHARMACY DETAILS:

Pharmacy Name :

Pharmacist Name :

PRESCRIPTION DETAILS:

Hospital / Clinic Name :

Doctors Name :

Prescription Date :

MEDICINE DETAILS :

1.Medicine Name :

Medicine Strength:

Frequency :

Quantity :

2.Medicine Name :

Medicine Strength:

Frequency :

Quantity :

3.Medicine Name :

Medicine Strength:

Frequency :

Quantity :

4.Medicine Name :

Medicine Strength:

Frequency :

Quantity :

Please send filled forms to:

IT Office
Ministry of Health and Medical Services
Denim House
Email: patis@govnet.gov.fj
Phone: 3215783/3215784
Fax: 3318227

Note :

1. Please fill in one form for individual prescription.
2. If the number of medicine is more than four please use another form of the same.