

The Royal Children's Hospital

DRUG USAGE COMMITTEE (DUC)

Committee Approval Form

| DRUG USE | | | |
|---|----------------|------|------------------------|
| Drug | | | |
| Dose and form | | | |
| Duration | | | |
| Patient | UR No.: | | |
| Indication | | | |
| Doctor seeking approval | | | |
| Unit | | | |
| Comment | | | |
| Signature of Committee member approving | | | |
| Date | | | |
| <u>OR</u> APPROVAL BY PHONE | | | |
| Doctor approving | Doctor phoning | Date | Pharmacist's signature |
| | | | |

N.B.: Please forward this form to the Pharmacy Department when completed.