



OFFICE of the DEPUTY PRIME MINISTER
MINISTRY for HEALTH
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

DH Circular 25/2018
DH 417/2018

27th March 2018

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Exceptional Medicinal Treatment Form

It is being brought to your attention that following the publication of DH Circular 15/2018 issued on the 6th March 2018, entitled Set Up of the Exceptional Medicinal Treatment Committee (EMTC), please be informed that the EMT request form has been temporarily withdrawn and the attached form will be used until further notice.

For your attention please.

Dr. Denis Vella Baldacchino
Chief Medical Officer



Exceptional Medicinal Treatment Request Form

Patient's Name

Date of Birth

I.D. Card Number

Mobile Number

Address

Request

First Application

Renewal

Entitlement to Free Medicines

Schedule V Condition

Schedule II

No Schedule II or Schedule V entitlement

Medication Requested

Dosage Form and Strength

Dosage Regimen

Expected Duration of Therapy

Clinical Indications

Reason/s why this drug is requested

Further documentation needed: Laboratory results etc

Signature of Consultant

Name in BLOCK LETTERS and
Registration Number

Signature of Clinical Chairperson

Name in BLOCK LETTERS and
Registration Number

Date:

Date:

For Office Use only:

Approved

Not Approved

Date:

This form will be returned to the Consultant if any section is not completed

Data Protection Statement

All personal data is required to provide you with health care services as necessary, and is processed in accordance with the Data Protection Act, and as permitted by law. Further information about your data can be obtained on request