Directorate for Pharmaceutical Affairs
Ministry for Health
Administration Building, St. Luke's Hospital, G'Mangia
Email: dpa.health@gov.mt Tel. No: 2595 5232

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

Date:

Signature of Clinical Chairperson

Name in BLOCK LETTERS and Registration Number

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