



**The Pharmacy
Guild of Australia**

South Australian Branch

After-hours/Emergency Supply Claim Form

Pharmacy Name: _____

Date of Service: ____/____/____

Time of Service: _____ AM/ PM

Person initiating call back: GP Nurse PC Specialist Virtual Care Service
 SAAS Family /Carer Other _____

Person collecting: GP Nurse Family /Carer Other _____

Did Security company attend A/H service: YES NO

(if yes, attach your invoice for reimbursement up to \$100 inclusive of GST)

Core Palliative Care Medicines	Quantity Dispensed (ampoules)
Clonazepam injection 1mg/mL	
Haloperidol injection 5mg/mL	
Hyoscine butylbromide injection 20mg/mL	
Metoclopramide injection 10mg/2mL	
Midazolam injection 5mg/mL	
Morphine injection 10mg/mL	

Survey QR Code/Postcard provided at handover/delivery of medication YES NO

(Available under Resources tab on program webpage)

Reason and Outcome of Service:

Incident Reporting Details (if applicable):

Please complete and return this form to guildsa@sa.guild.org.au