



## **PRESCRIPTION AUTHORISATION**

Date: \_\_\_\_\_

### **Patients Details:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Presenting Problem:**

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### **Current Medications:**

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### **Allergies:**

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### **Student Practitioner Details**

Student Practitioner's Name: \_\_\_\_\_

Student Practitioner's Signature: \_\_\_\_\_ 

Student Phone No: \_\_\_\_\_

### **CLINIC SUPERVISOR DETAILS**

Supervisor / Lecturer's Name: \_\_\_\_\_

Supervisor / Lecturer's Signature: \_\_\_\_\_ 

Supervisor / Lecturer's Phone No: \_\_\_\_\_

*NB: Incomplete prescriptions and forms without a legible supervisor's name and signature will NOT be made up. The Information contained herein will remain confidential.*

**Only Prescriptions signed by a Nature Care Supervisor or Lecturer will be accepted.**



## **PRESCRIPTION AUTHORISATION**

**PRESCRIPTION:**

(for herbal formulas state botanical name and amount of each ingredient)

*Dose:*

*Bottle size:* \_\_\_\_\_ *mls*