

Class of dangerous drug _____ Name _____ Form _____ Strength _____

Date of receipt/supply 收取/供應日期		Name and address of Person* or firm from whom received / to whom supplied 供應 / 獲供應的有關人士*或商號的姓名或名稱及地址		Patient's identity card number # 病人的身份證號碼#	Amount 數量		Invoice number 發票號碼	Balance 餘額
supply received 收取	transaction effected 供應	from whom received 供應	to whom supplied 獲供應		received 收取	supplied 供應		

* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given
For a patient who is not resident in Hong Kong the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted
* 可能獲供應危險藥物的互相參照，在這情況下，只須提供該人士的治療紀錄編號
如病人並非居於香港，則須填寫<人民入境條例>(第115章)第17B(1)條指明的任何身份證明文件(身份證明除外)的編號