



Washington State Strategic National Stockpile (SNS) FAX Rx for H1N1 Flu Meds

Patient Information Section

Rx: Patient Name _____ **DOB:** _____
(Intended Recipient)

Patient Address: _____

Patient Phone: _____

Designee Picking up Rx for Patient: _____ **DOB:** _____

Rx: Dispense medications as checked below.

<input type="checkbox"/>	Tamiflu 75mg Lot#:	Oseltamivir , one (1) 75mg capsule twice per day for 5 days (adults and children >40kg) Disp #10
<input type="checkbox"/>	Tamiflu 30mg Lot#:	Oseltamivir , two (2) 30mg capsules (60mg total) twice per day for 5 days (children 24kg - 40kg) Disp #20
<input type="checkbox"/>	Tamiflu 45mg Lot#:	Oseltamivir , one (1) 45mg capsule twice per day for 5 days (children 15kg - 23kg) Disp #10
<input type="checkbox"/>	Tamiflu 30mg Lot#:	Oseltamivir , one (1) 30mg capsule twice per day for 5 days (children 15kg or less) Disp #10
<input type="checkbox"/>	Relenza Lot#:	Zanamivir , two 5mg inhalations (10 mg total) twice per day (adults and children over 7 years)
<input type="checkbox"/>	Lot#:	Special dosing instructions for children under 1 year:

Physician Signature (Dispense as Written)	Date	By signing this document you declare this prescription is made in accordance with the CDC and Kitsap County Health District guidelines for the distribution of Strategic
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Prescribing Physician Contact Information

Name: _____ **Clinic:** _____

Address: _____

Phone: _____ **Fax:** _____

Patient Confirmation of Receipt of Prescribed Medications

Printed Name	By signing this document you declare you are the intended recipient of the prescribed medications, or authorized by that person to pick up the prescription on their behalf.
Patient (or designee) Signature	Date

PMD → → → → Check (✓) Kitsap County Pharmacy in Table Below Where You Will Fax Rx

Participating Pharmacies in Kitsap County				
PMD ✓	Pharmacy Name	Fax #	Address	Voice Phone
	Rite Aid Pharmacy #5215	(206) 780-2781	301 High School Rd NE, Bainbridge Island WA 98110	(206) 842-4065
	Rite Aid Pharmacy #5254	(360) 479-8571	4117 Kitsap Way, Bremerton WA 98312	(360) 479-2415
	Rite Aid Pharmacy #5253	(360) 377-8668	4220 Wheaton Way, Bremerton, WA 98310	(360) 479-3450
	Rite Aid Pharmacy #6462	(360) 297-5215	27000 Miller Bay Rd NE, Kingston WA 98346	(360) 297-5200
	Rite Aid Pharmacy #5260	(360) 876-9114	3282 Bethel Rd SE, Port Orchard, WA 98366	(360) 876-0969
	Rite Aid Pharmacy #5261	(360) 697-5979	19475 7 th Ave NE, Poulsbo, WA 98370	(360) 697-2209
	Rite Aid Pharmacy #5266	(360) 692-5387	2860 NW Bucklin Hill Rd., Silverdale WA 98383	(360) 692-3410

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INSTRUCTIONS TO PRESCRIBING PHYSICIAN

1. Complete Patient Information Section at top of form
2. If the patient will not be the person picking up the prescription, fill in the name of the patient's designee. A designee name must be filled in prior to faxing to the pharmacy, and only that person (or the patient) will be permitted to pick up the prescription, so please confirm this with the patient.
3. Clearly mark the box with an "X" next to the appropriate prescription dosage to be issued. **DO NOT FILL IN ANYTHING NEXT TO THE "LOT #:"** - this information to be provided by the pharmacy.
4. Sign above "Physician Signature" line.
5. Complete "Prescribing Physician Contact Information".
6. **MARK THE BOX (☞)** next to the participating partner pharmacy at which the patient wishes to pick up their prescription (confirm the pharmacy address/location with patient).
7. **FAX THE FORM TO THE PHARMACY**

INSTRUCTIONS TO FULLFILLING PHARMACY

1. Upon receipt of the SNS Fax Prescription, **FAX THE FORM TO THE HEALTH DISTRICT (337-5241)**.
2. Prepare order as indicated.
3. WRITE the Lot # from the side of the medicine box on the form.
4. When the patient or designee arrives to pick up the prescription, check their ID to ensure a match. The name must match either that of the patient, or designee listed on form. No other persons are authorized to pick up the prescription.
5. Present dosing instructions to the patient (or designee).
6. Have the patient (or designee) sign and print their name in the "Patient Confirmation of Prescribed Medications" section.
7. Process according to usual pharmacy procedure.

THANK YOU FOR YOUR HELP