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Dr. David Heyworth-Smith MBBS FRACP FRCPA  
 Dr. Susan Perel MBBS FRACP FRCPA  
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 Dr. Kim Robertson MBBS FRACP (Paediatrics)  
 Dr. Paul Campbell MBChB PhD FRCPA  
 Dr. Kathryn Heyworth MBBS FRACGP DCH

**Patient or Parent/Guardian Request for Epipen or Anapen Renewal Prescription**

**Please note –**

- Patients are entitled to have 2 adrenaline autoinjectors subsidised by the PBS at any time. The PBS will not subsidise the replacement of “lost or misplaced” injectors.
- For fulfilment of this prescription request without an appointment we reserve the option to charge an administrative fee of \$25 for the completion of your request, which may be waived at the doctor’s discretion.
- Adrenaline autoinjector renewal prescriptions are also available in consultation with your general practitioner.

**Could you please complete the following to assist us with your request:**

<b>Patient's name and Date of Birth:</b>	
<b>Usual doctor at Compass Immunology Clinic:</b>	<input type="checkbox"/> Dr. D. Heyworth-Smith <input type="checkbox"/> Dr. S. Perel <input type="checkbox"/> Dr. K. Robertson <input type="checkbox"/> Dr. P. Campbell <input type="checkbox"/> Dr. C. Kennedy
<b>Date of next follow-up appointment:</b>	
<b>Type of Device:</b>	<input type="checkbox"/> Epipen 300mcg <input type="checkbox"/> Epipen Jn 150mcg <input type="checkbox"/> Anapen 300mcg <input type="checkbox"/> Anapen Jn 150mcg
<b>Current bodyweight (kg):</b>	
<b>Reason prescription is required:</b>	<input type="checkbox"/> Autoinjector used to treat an allergic reaction <input type="checkbox"/> Autoinjector expiring Month / Year __ / __ <input type="checkbox"/> Autoinjector lost or misplaced <input type="checkbox"/> Additional autoinjector required above 2 for logistical reasons
<b>Prescription to be posted or picked up?</b>	<input type="checkbox"/> Please post to me <input type="checkbox"/> I'll pick it up
<b>Contact person and best phone number:</b>	
<b>Mailing address:</b>	

**Thank-you for your information!**