RF 1661





NOTIFICATION TO POLICE OF A PRESCRIPTION SUSPECTED OF BEING FORGED OR FRAUDULENTLY ALTERED

Section 30 of the Controlled Substances Act makes it an offence for a person to present forged or altered prescriptions to a pharmacist to obtain prescription drugs. Subsection (3) of the Section places a responsibility on a pharmacist to retain any prescription or other document that they have reasonable cause to believe has been forged or fraudulently altered and deliver it forthwith to the Commissioner of Police.

- PHARMACY MUST CONTACT POLICE CALL CENTRE ON 131 444 RETAIN RF1661 FORM & SCRIPT FOR ATTENDING POLICE
 - FAX COPY OF RF 1661 FORM & SCRIPT TO Drugs of Dependence Unit 1300 658 447
 - RETAIN COPY FOR YOUR RECORDS.

COMPLETE AS MANY DETAILS AS POSSIBLE. If insufficient space, please use ADDITIONAL INFORMATION on page 2.

PHARMAC	Y DETAILS	3							
ls surveilla	nce film avai	lable? Yes	s / No						
Date:/		Time							
Pharmacy Na	ıme:					Phone:			
Address:						Fax:			
Pharmacist /	Staff member(s	s)who served sus	pect and received	d prescription: (in	clude details of any	other witnesses on re	ear of form)		
1. Name:					A	/H Phone:			
Address									
2. Name:	A/H Phone:								
Address									
PRESCRIF	PTION DETA	AILS							
Patients Nam	e:								
Address:									
Drug Name(s): (include Gen	eric and Pharmad	cological names,	dose and quantity)				
						Was drug dispe	nsed? No / Yes		
Doctors Name	e:				W	/K Phone:			
Address:									
PERSON F	PRESENTIN	G SCRIPT							
Name Used:	(if known)								
Address: (if k	nown)								
Concession C	Card No: (if kno	wn)		Other ID	Shown: (specify)				
Sex: M /	F Age	: H	leight:	cm Weight:	kg	Racial Appearance:			
Build:	Thin	Medium	Muscular	Stocky	Heavy	Fat			
Hair Colour:	Black	Blonde	Brown	Grey	Red	Auburn	Dyed		
Hair Type:	Curly	Hair Piece	/ Wig / Toupee	Straight	Wavy				
Hair	Below SI	noulder	Collar Leng	ıth	Short	Crew Cut	To / On Shoulder		
Length:									
Complexion .	Sallow	Fair	Ruddy	Olive	Sun Tanned	Dark	Flushed		
Tattoos:	Type -	Initials	Names	Words	Pictures	Designs			
	Location -	Chest	Neck	Face	Fingers	Hands			
		Arm (left)	Upper	Lower	Arm (right)	Upper	Lower		
		Leg (left)	Upper	Lower	Leg (right)	Upper	Lower		
Further Descr	ription								

ASSOCIA	E DESCRIP	TION										
Name Used:	(if known)											
Address: (if k	nown)											
Concession Card No: (if known) Other ID Shown: (specify)												
Sex: M /	F Age:	: H	Height:	cm Weight:	:kg	Racial Appearance:						
Build:	Thin	Medium	Muscular	Stocky	Heavy	Fat						
Hair Colour:	Black	Blonde	Brown	Grey	Red	Auburn	Dyed					
Hair Type:	Curly	Hair Piece	e / Wig / Toupee	Straight	Wavy							
Hair	Below Sh	noulder	Collar Lenç	gth	Short	Crew Cut	To / On Shoulder					
Length:	□ o-#	П г .:.	Прими									
Complexion :	Sallow	Fair	Ruddy	Olive	Sun Tanned	Dark	Flushed					
Tattoos:	Type -	Initials	Names	Words	Pictures	Designs						
	Location -	Chest	Neck	Face	Fingers	Hands						
		Arm (left)	Upper	Lower	Arm (right)	Upper	Lower					
		Leg (left)	Upper	Lower	Leg (right)	Upper	Lower					
Further Descr	ription											
VEHICLE I	DETAILS											
VEHICLE	DETAILS_											
Registration:		Make:		Colour:		Type: Sedan	Wagon Utility					
ADDITION	AL INFORM	IATION										
ADDITIONAL INFORMATION (eg – was doctor contacted?; how did you ascertain script had been tampered with?)												
DETAILS (OF PERSON	COMPLETI	NG FORM									
Name:(printed	d)			S	Signature:							
							Date://					
POLICE U	SE ONLY											
Received:												
AP / PIR No's	: (if applicable)	:										
			TACHMENTS			•						