

Internal number:
 _____ / 20____ / _____

DRUG ORDER FORM

TO BE COMPLETED BY ORDERING PHYSICIAN	TREATING PHYSICIAN (stamp): _____ / ____ / ____ Name: _____ Address: _____ GLN Nr.: _____ Tel.-Nr. for inquiries: _____		Signature
	The shipment and billing of medications not registered in Switzerland is <u>NOT</u> made to the patient, but <u>ALWAYS</u> to the ordering institution (hospital) or physician (office).		
	DELIVERY ADDRESS: 	BILLING ADDRESS (if deviating from delivery address): 	
	PATIENT: Surname/Given name: _____ <input type="checkbox"/> M / <input type="checkbox"/> F Migration background: <input type="checkbox"/> No / <input type="checkbox"/> Yes ⇒ Country of origin: _____ Date of birth (DD/MM/JJJJ): ____ / ____ / _____ Body weight: _____ kg		
	INDICATION / DIAGNOSIS: _____ INFECTION (MOST LIKELY) ACQUIRED IN: _____		
	ORDERED DRUG: 		

Note on Praziquantel: Patients with migration background from countries endemic for neurocysticercosis should be screened by serology for the presence of asymptomatic infection before receiving praziquantel (-> risk to induce seizures in patients with asymptomatic infection) -> to order serology for "T. solium (Zystizerkose)" -> "AK", visit our laboratory website:

<https://www.swisstph.ch/en/activities/diagnostic-centre/diagnostic-orders/>

Note on Primaquine: Primaquine can induce severe haemolysis in patients with G6PD-deficiency! -> Assessing G6PD-status before administering primaquine is mandatory (testing for G6PD is not available from the diagnostic laboratory of the Swiss TPH).

 Send completed form via fax (061-284-8183) or via email (tropmed@swisstph.ch). Incompletely filled forms cannot be processed!

TO BE COMPLETED BY TROPICAL MEDICINE PHYSICIAN	RECOMMENDED TREATMENT REGIMEN / DOSAGE: _____ / ____ / ____	
	 _____ Signature	

