North District Hospital

Pharmacy Department
Antidote Inspection Form
(Inpatient Section)

To: Elsie Law (APN) / Ms Li (APN), NDH Fax: Ext. 8080

Part A

From: Inpatient Pharmacy

I would like to request the stock inspection of ***Dantrolene Sodium Injection 20mg (DANT04)***. Please check and complete the table in Part B then fax to the Pharmacy.

Tel: Ext. 7029
Fax: Ext.7038

Part B

From: Elsie Law (APN) / Ms Li (APN), NDH
To: Inpatient Pharmacy

With reference to your request, stock inspection of ***Dantrolene Sodium Injection 20mg (DANT04)*** with details are as follows:

Batch	Drug Name	Quantity	Expiry Date
1	**Dantrolene Sodium Injection 20mg (DANT04)**		
2 (if any)			
3 (if any)			
4 (if any)			

Date: _____

Tel: Ext.7029
Fax: Ext.7038