

North District Hospital

Pharmacy Department
Antidote Inspection Form
(Inpatient Section)

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

Fax: Ext.

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