



CONFIDENTIAL

Notification of Urgent Prescription

In terms of article 9. (6) (a) (iv) of Subsidiary Legislation 31.18 and/or article 8. (6) (a) (iv) of Subsidiary Legislation 101.02 the Laws of Malta.

Name of patient	
Legally valid identification document number of patient	
Name, form and dose of drug	
Quantity prescribed	
Date of prescription	
Reason for urgency of prescription	
Name of medical practitioner	
Medical council registration number	
Signature of medical practitioner	

The completed form is to be sent to sph.health@gov.mt.

This is a form to be used only by licensed medical practitioners. All data collected is processed in accordance with the General Data Protection Regulation (EU) 2016/679. The health data can be used for statistics and research purposes in the interest of Public Health as provided by Article 9 (2) (j) of the General Data Protection Regulation (EU) 2016/679.