**Register of Drugs of Addiction – Poisons and Therapeutics Goods Act.**

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| Drug (Name/strength/form) : Methoxyflurane |
| **Date** | **Time received or given** | **Name of casualty** | **Amount****Received** | **Amount****Given** | **Discard** | **Balance** | **Print name of person administering or supplying** | **Signature of person administering or supplying** | **Print name of person witnessing or supervising** | **Signature of person witnessing or supervising** | **Comments** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 11/11/23 | 16:55 | Liza Dawson | 4 x 3ml vials | 2x 3ml vials | Return 2 vials | 22 vials | Anna Creswell | 1. Creswell
 | Max Lowan | M. Lowan  | Casualty relayed to hospital |
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