

致：香港九龍石硤尾
南昌街 382 號
公共衛生檢測中心 3 樓
衛生署
衛生署署長
(經辦人：總藥劑師)

To : Director of Health
(Attn. : Chief Pharmacist)
Department of Health
3/F, Public Health Laboratory Centre,
382 Nam Cheong Street,
Shek Kip Mei, Kowloon,
Hong Kong

日期：
Date: _____

申請危險藥物進口配額
Application for Import Quota of Dangerous Drug

進口人名稱
Name of Importer _____

進口人地址
Address of Importer _____

電話號碼
Telephone No. _____

圖文傳真號碼
Fax No. _____

*藥劑師姓名及註冊號碼
*Name and Registration No. of Pharmacist/

危險藥物負責人姓名：
Name of Person in charge of Dangerous Drug: _____

擬進口的危險藥物的名稱和數量
Name and Quantity of Dangerous Drug
to be imported _____

耗用量： 去年
Consumption: Last year _____

本年預計用量：
Estimate for this year: _____

現時存貨量
Present stock held _____

自本年 1 月 1 日起的耗用量：
Quantity consumed since 1 January this year: _____

耗用量大幅上升的原因 (如適用)
Reason for significant increase in consumption (if applicable)

本人謹此申請上述危險藥物的進口配額。
I hereby apply for the above import quota of dangerous drug.

公司蓋印
Company Chop

*註冊藥劑師
危險藥物負責人簽署
Signature of *Registered Pharmacist/
Person in charge of Dangerous Drug

*刪去不適用者
*Delete as appropriate.