

EMERGENCY ANTIDOTE ORDER FORM.

Customer:

Name	
Hospital	
City	
Date	
Tel.-n° (in case of complications)	

Antidote:

Desired quantity	Product name	Active substance
	Akineton amp 5x 5mg/ 1mL	Biperiden
	Anticholium amp 5 x 2mg/5ml	Physostigmine
	Radiogardase caps 36 x 500mg	Prussian Blue insoluble
	BAL amp 12x (200+1)mg/2 ml	Dimercaprol
	Calcium Edetate de Sodium amp 10x500mg/10mL	Sodium calcium EDTA
	Toxogonin amp 5x250 mg	Obidoxime
	Dimaval amp 5 x 250 mg/ 5 mL	Unithiol or DMPS
	Fomepizole amp 5 x 100mg/ 20mL	4-methylpyrazole
	Legalon Sil amp 4 x350mg	Silibinin
	Metalcaptase comp 50 x 150 mg	Penicillamine
	Succicaptal caps 15 x 200mg	Succimer or DMSA
	Other; please fill in below	

I hereby confirm with my signature that these antidotes will be used for the management of one or several acutely poisoned patients.

Signature

We will send our invoice as soon as possible. Please pay your invoice within 21 days.