**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 |
|  | Savene amp 10 x 500 mg |  |
|  |  |  |
|  | 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.