**WAST Verbal Order**

Please complete details of the verbal order given by yourself to the paramedic. Once complete, please attach the form to an email and send to Jic.Wast@wales.nhs.uk

|  |  |
| --- | --- |
| **Date** |  |
|  |
| **Name of Prescriber** |  |
| **GMC / NMC Number** |  |
|  |
| **Name of Paramedic** |  |
| **Pin Number of Paramedic** |  |
|  |
| **Patients Name** |  |
| **Patients DOB** |  |
| **Patients Address** |  |
|  |
| **Medication Name and Strength** |  |
| **Medication Dosage and Route** |  |
|  |
| **Any other Information** |

**Please attach completed form to an email and send to** **Jic.Wast@wales.nhs.uk**