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| **FIRST SERIES** | **DATE** | **TREATMENT TO BE ADMINISTERED** | **ROUTE** |
|  | **Propess (10mg) or Dilapan-S (5 rods)** | **Vaginal insert** |
| **Authorised prescriber – tick when eligibility confirmed** 🞎 |
| PRINT NAME OF AUTHORISED PRESCRIBER | SIGNATURE OF AUTHORISED PRESCRIBER |
| **TREATMENT ALLOCATED** | **LOT NUMBER** | **PARTICIPANT ID** | **TREATMENT WAS** |
| 🞎 Propess 10mg🞎 Dilapan-S: \_\_\_\_ rods given |  |  | 🞎 Administered🞎 Disposed of |
| DATE & TIME GIVEN | MIDWIFE/OBSTETRICIAN PRINT NAME | MIDWIFE/OBSTETRICIAN SIGNATURE |

SOLVE Prescription Sticker V5.0 – 9th November 2018

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