



Home Office

Misuse of Drugs Act 1971

Form MD36 (additional page)

ADDITIONAL Page
(only to be used in addition to main Form MD36)

APPLICANT (BLOCK CAPITALS)

Surname: Forename(s):

Date: Signed:

PREMISES FOR WHICH LICENCE IS REQUIRED (additional premises continuing from main application form)

NB Licences are premises-specific and are not transferable to other premises

| Details of premises: • Name • Address • Telephone number Please list all premises individually: | Do you hold an existing licence? Yes/No for each premises | If licence held, has it been used in the last year? Yes/No for each premises | How many addicts would you expect to treat by prescribing cocaine*/diamorphine*/dipipanone* each week? (*delete as appropriate and respond for each drug for which licence requested) | Inpatient or outpatient service (answer for each of the premises) |
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