

Home Medicines Dispensing Service (Child)

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Contact person : _____ Relationship : _____ Contact number : _____

Patient name : _____ Weight : _____ (kg / lbs) Age/YOB : _____

Residing district : _____ Drug/food allergy : None / Yes, please specify _____

Chronic illness : None / yes, please specify : _____ G6PD deficiency (Favism) : No / Yes

If you would like to know more, tick <input checked="" type="checkbox"/>		Drug	Common dosage (Child)	Pack Size	Price	Qty
<input type="checkbox"/>	Mucolytic: Loosen sputum	Acetylcysteine 200mg (Same active ingredient as Fluimucil)	2-7yo: Twice daily, 1 sachet each time ≥ 7yo: 3 times daily, 1 sachet each time (Add powder to water, mix well before use)	1 sachet	\$2	
		Ambroxol 30mg/mL	5-12 yo: 2-3 times daily, 2.5 mL each time	60mL / bott	\$35	
<input type="checkbox"/>	For fever and pain	Paracetamol 250mg/5mL (Same active ingredient as Panadol)	Dosage depends on age and weight of the child	100mL / bott	\$30	
<input type="checkbox"/>	For high fever, pain and inflammation	Ibuprofen 100mg/5mL	Dosage depends on age and weight of the child	60mL / bott	\$30	
<input type="checkbox"/>	Anti-cough, relieve airway tightness	Prospan cough syrup	2-5 yo: Twice daily, 2.5 mL each time 6-12 yo: Twice daily, 5 mL each time ≥ 12 yo: 3 time daily, 5 mL each time	100mL / bott	\$65	
<input type="checkbox"/>	Antihistamine: Relieve runny nose, nasal or skin allergy	Cetirizine 1mg/mL	2-5 yo: Once daily, 2.5mL each time 6-11 yo: Once daily, 5mL each time	60mL /bott	\$35	
<input type="checkbox"/>	Relieve sore throat	Dequadin throat lozenges (lemon / orange)	≥ 6 yo: 1 loz as needed	25 loz /tube	\$21	
<input type="checkbox"/>		Diffiam anti-inflammatory throat lozenges (lemon / orange / mint)	≥ 6 yo: 1 loz as needed (Drug effect lasts for 3 hours. Max 12 loz per day)	16 loz /box	\$64	
<input type="checkbox"/>		Diffiam Forte anti-inflammatory throat spray	≥ 6 yo: Every 1.5 – 3 hrs, 2 sprays each time	1 bott	\$79	
<input type="checkbox"/>	Anti-diarrhoeal	Lacteol Fort	Take as directed on the package	Powder/Cap	\$70	

Prepared by: _____ Checked by: _____ Invoice No.: _____ Date: _____

We also offer one-to-one consultations with pharmacist to develop a personalised treatment plan together!

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