

TO THE PHARMACIST Please supply to

INSERT PATIENT NAME AND ADDRESS

 DOB

 NHS NO [if known]

INSERT GP PRACTICE DETAILS

Preparation[s]

Signed: . . . . . . . . . . . . . . . . ………………… Date:

 Practice Address:

Practitioner: GOC Number:

Comments:

<insert reason for OTC policy exemption>

Pharmacy / CCG Use

