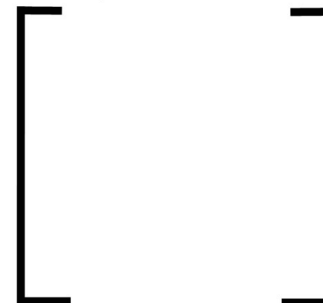


Clinic Stamp:



Date _____

Dear Doctor,

I have seen the following patient for a consultation and I have supplied and/or administered the following medicines. The patient has asked me to inform you that they would like these medicines entered into their centralized PMR system, which I believe is accessible at your surgery.

First Name of patient:	Surname of patient:	Gender (delete as appropriate) Male / Female
Date of Birth:	NHS No (if available):	GP Name:

Date	Medicine	Dose	Quantity	Batch no	Expiry	Admin site	Name of administering clinician	Consent obtained?
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>