

Repeat Dispensing GP – Pharmacist Communication Form

Practice Name: Fax Number

Pharmacy Name: Fax Number

...../...../.....

...../...../.....

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose copy or distribute information in this fax or take any action in reliance on its contents.

Patient details [including Date of Birth]: / /

Date:/...../20.....

GP aware	initials []
Actioned if reqd	initials []

All relevant details – Please print clearly

**Report code
(see below)**

This communication relates to a **New** ☐ **OR Existing** ☐ patient to the pharmacy.

(Please ensure that this is completed clearly)

If confirmation of receipt of fax by the recipient is required, please complete the telephone number to which the recipient should confirm here: Tel (.....).....

Attach print out of current medication where appropriate

Pharmacist Report Codes

RFS	referred for scheme enrolment
ADR	Adverse Drug Reaction
CP	Compliance Problem
NR	No longer required
MN	Monitoring Needed
RE	Requested Early
O	Other

GP Report Codes

JS	Enrolled on scheme, please explain as reqd
CC	Check Compliance
IS	Item Stopped [unspecified]
ISD	Item Stopped [Dose change]
ISQ	Item Stopped [Quant. change]
ADD	Additional item to be added to patient's requirements
SAI	Stop All Items
O	Other

Reported by:

Date:

GP / Pharmacist Name [Print]

Signature:

Fax to Practice or Pharmacy & retain original for records