

What gluten-free products is available on the Gluten Free pharmacy Scheme ?		
Age group		New recommendation (per month)
Male	19-59 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
	60-74 years	
	75+ years	
Female	19-74 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
	75+ years	6 x 400g bread (or 3 x 500g mix suitable for making bread)
	<i>Add 4 units if breastfeeding; or one unit if in the third trimester of pregnancy</i>	
Child	1-3 years	6 x 400g bread (or 3 x 500g mix suitable for making bread)
	4-6 years	
	7-18 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
GF Food	Product Description	
Flour	e.g. Flour mix, blended mix, white or fibre mix and multipurpose mix	
Plain bread rolls and loaves	e.g. Brown bread, White bread	
Part baked bread	e.g. White bread, Fibre loaf, Flat bread	

1 unit is equivalent to 400g bread/rolls.

2 units is equivalent to 500g flour mix.

FP10SS0406

NOTE Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57 You can't get one later. The FP57 tells you about getting a refund.

Part 1 The patient doesn't have to pay because he/she:

A is under 16 years of age

B is 16, 17 or 18 and in full-time education

C is 60 years of age or over

D has a valid maternity exemption certificate

E has a valid medical exemption certificate

F has a valid prescription pre-payment certificate

G has a valid War Pension exemption certificate

L is named on a current HC2 charges certificate

X was prescribed free-of-charge contraceptives

H * gets Income Support (IS)

K * gets income based Jobseeker's Allowance (JSA (IB))

M * is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate

S * has a partner who gets Pension Credit guarantee credit (PCGC)

* Name: _____ Date of Birth: _____ NI no: _____

* Print the name of the person (either you or your partner) who gets IS, JSA (IB), PCGC or Tax Credit.

Declaration
For patients who do not have to pay.

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Now sign and fill in Part 3

Part 2 I have paid £ _____ Now sign and fill in Part 3

Part 3 Cross ONE box I am the patient patient's representative

Sign here Date / /

Print name and address * _____

 _____ Postcode _____

*If different from overleaf

Collectors of Schedule 2 & 3 CDs should sign their name:

Pharmacy use only

Evidence not seen