**NHS Urgent Medicines Supply Advanced Service Pilot - Notification of supply to patient’s general practice**

| GP Notification Form | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To (GP Practice Name) | | |  | | | | | | | | | | | | | | | |
| Address (Including Postcode | |  | | | | | | | | | | | | | | | | |
| Patient Name | |  | | | | | | | | | | | | | | | | |
| Date Of Birth | |  | | NHS Number | |  |  |  |  | |  |  |  |  |  |  |  |  |
| Address (Including Postcode) | |  | | | | | | | | | | | | | | | | |
| This patient was provided with an emergency supply of : | | | | | | | | | | | | | | | | | | |
| Medicine or Appliance | | | | | | | | | | Quantity | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | |
| at this pharmacy on DD /MM /YYYY | | | | | | | | | | | | | | | | | | |
| Additional comments (e.g. patient’s reason for requesting an emergency supply) | | | | | | | | | | | | | | | | | | |
| To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN). | | | | | | | | | | | | | | | | | | |
| Pharmacy Name |  | | | | Telephone | | | | |  | | | | | | | | |
| NHSmail Address |  | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | |

**Confidential**