**COPD Rescue Pack Supply Service – GP Practice Notification Form**

|  |  |
| --- | --- |
| To (GP practice name) |  |

|  |  |
| --- | --- |
| **Patient name** |  |
| **DOB** |  | **NHS number** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address****(incl. postcode)** |  |
| **This patient was provided with a COPD rescue pack containing:** | **Tick box** |
| **Corticosteroid:** Prednisolone 5mg tablets x [42 or 84 depending on what the local arrangements recommend – delete as applicable] |[ ]
| **Antibiotic (select one):** |  |
| Amoxicillin 500mg capsules x 15 |[ ]
| Doxycycline 100mg capsules x 6 |[ ]
| Co-amoxiclav 500/125mg tablets x 15 |[ ]
| at this pharmacy on / /20The service was commissioned by [xxx] Clinical Commissioning Group |
| Additional comments  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacyname:  |   |  Telephone: |  |
| Address: |  |