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

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| To (GP practice name) |  |

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| **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 / /20  The service was commissioned by [xxx] Clinical Commissioning Group | | | | | | | | | | | | | | | |
| Additional comments | | | | | | | | | | | | | | | |

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| Pharmacy  name: |  | Telephone: |  |
| Address: |  | | |