

Community pharmacy referral form

Date	
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To (GP practice name)	
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Patient's name	
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Patient's address	
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Patient's DOB		NHS number (where known)	
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This patient has been identified being prescribed a long-acting beta agonist without using an inhaled corticosteroid. The patient has agreed that you may be notified of this, as there may be a need for their therapy to be reviewed.

Additional comments (e.g. actions taken following intervention such as inhaler technique check and/or Medicines Use Review)

Pharmacy name	
Address	
Telephone	

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