

Pharmacy Name and Address
Please write details or use Pharmacy Stamp

As required by the PGD process, please find attached a copy of the CP(US) form listing the medication that was issued to one of your patients using the National Patient Group Direction for Urgent Provision of Repeat Medicines and appliances.

The practice should record the supply made in the patient's records and annotate the entry to highlight that it was supplied via the PGD. The patient has been informed that they will not be able to get a second successive supply of the same medication via the PGD the next time the medication is required. The normal repeat medication system used by the practice will have to be used.

Practices should be vigilant to the misuse of this service by patients and should ensure that the local Health Board are made aware of any instances where the service is being misused via the normal communication channels.

Please note that the practice does **not** need to provide the pharmacy with a prescription for the items that have been already supplied.

This message is intended only for the use of the individual to whom it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication and its attachment is strictly prohibited. If you have received this communication in error, please notify me by telephone.