

## Notification of supply of trimethoprim/nitrofurantoin to treat uncomplicated urinary tract infection via community pharmacy

Name of pharmacist	GPhC registration number	Date of supply
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### Data protection confidentiality

This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	
GP practice address	
The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection.	
Patient name	
Patient address	
Date of birth	

Pharmacy stamp

### Presenting symptoms:

Dysuria	Urgency	Haematuria
Frequency	Polyuria	Suprapubic tenderness

### Urine dipstick results (if taken, optional)

Nitrite '+ve	Leucocyte '+ve	Blood '+ve	Not required
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**Following assessment your patient has been given a 3 day course of trimethoprim 200mg / nitrofurantoin 100mg MR/ nitrofurantoin 50mg tablets (delete as appropriate).**

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records

### Patient consent

I agree to the pharmacy sharing this information with my GP

Patient signature:	Date:
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