

Notification of supply of fusidic acid 2% cream to treat impetigo via community pharmacy

Name of pharmacist	GPhC registration number	Date of supply
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GP name	
GP practice address	
The following patient has attended this pharmacy for assessment and treatment of impetigo.	
Patient name	
Patient address	
Date of birth	

Pharmacy stamp

Presenting symptoms:

Rash typical of impetigo (vesicles that weep and dry to form a yellow-brown crust limited to one area of the body).

Following assessment your patient has been supplied with fusidic acid 2% cream.

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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