

## UCF-CP4 COVER LETTER TEMPLATE

Pharmacy Name and Address.  
Please write details or use Pharmacy  
Stamp.

As required by the PGD process, please find attached a copy of the UCF/CP4 form listing the medication that was issued to one of your patients using the National Patient Group Direction for Urgent Provision of Medicines, Appliances and ACBS products.

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.

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.

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