

From:

Community Pharmacy
name and address:



To:

GP Practice
name and address:

ACTION REQUIRED: Amendment of ONS product information in EMIS/Vision

Dear Dr.

Patient name and CHI:

As part of the Community Pharmacy Nutrition Support Service, I have recently reviewed this patient's oral nutritional supplement requirements in line with targets provided by the dietitian. These have indicated that an adjustment to the dose of ONS prescribed. The patients new ONS requirements are:

Product name & Dose:

ACTION: This patient receives their oral nutritional supplement (ONS) product as part of the 'Community Nutrition Support Service'. We therefore supply this product directly to the patient without the need for a GP prescription, however in the interests of patient safety the patients ONS requirements should be added to EMIS / INPS Vision as a 'Drug Issued Outside the Practice'. Please ensure that the product name and dose on your EMIS / INPS Vision system reflect the above.

The patient is now discharged from the Community Pharmacy Nutrition Support Service.

Further information (if relevant):