

**From:**

Community Pharmacy  
name and address:



**To:**

GP Practice  
name and address:

**ACTION REQUIRED: Removal of ONS product from EMIS/Vision**

Dear Dr.

Patient name and CHI:

**Please tick one**

- 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. The patient's treatment is now complete and the patient's oral nutritional supplements are no longer required.

**OR**

- This patient was registered for the Community Pharmacy Nutrition Support Service however has not attended to collect their oral nutritional supplement prescription and we have been unable to make contact with them regarding this.

I have therefore discontinued their prescription for:

Product name & Dose:

**ACTION: This patient received their oral nutritional supplement (ONS) product as part of the 'Community Nutrition Support Service'. We therefore supplied this product directly to the patient without the need for a GP prescription. The product may have been added to EMIS / INPS Vision as a 'Drug Issued Outside the Practice'. In the interest of patient safety, please now remove this product from the patient's current listed medication in your practice system.**

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

**Further information (if relevant):**