**NHS Lothian Community Pharmacy Out-of-Stock GP Notification**

**Date:**

|  |  |
| --- | --- |
| **Pharmacy name and address:** | **Patient name and address:** |
| **Tel.number:** | **DOB/CHI:** |
| **Medication unavailable:** |  |

 **🗹 Notes**

|  |  |  |
| --- | --- | --- |
| **Unable to replace using unscheduled care PGD** |  |  |
| **Checked with all available wholesalers?** |  |  |
| **Checked with other local pharmacies?** |  |  |
| **Required by patient before expected back in stock?** |  |  |
| **Item in stock at another pharmacy- new Rx required (patient contacted and will collect from practice)** |  |  |
| **Item not available locally- alternative medicine required (please send Rx to this pharmacy)** |  | **Alternative medication suggestion:** |

|  |  |
| --- | --- |
| **Date prescription required by patient** | DD/MM/YY |

**NB.** It remains the GPs responsibility to check clinical appropriateness of suggested alternative medication.

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