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

|  |  |  |
| --- | --- | --- |
| Name of pharmacist | GPhC registration number | Date of supply |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

## Data protection confidentiality

This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Pharmacy stamp

|  |  |
| --- | --- |
| GP name | Click or tap here to enter text. |
| GP practice address | Click or tap here to enter text. |
| The following patient has attended this pharmacy for assessment and treatment of impetigo. | |
| Patient name | Click or tap here to enter text. |
| Patient address | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |

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: |
| Click or tap here to enter text. | Click or tap to enter a date. |