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**Appendix 8: Drug shortage memo SBAR**

|  |  |  |
| --- | --- | --- |
| **Patient name** | |  |
| **CHI** | |  |
| **Item** | |  |
| **Does another local pharmacy have (or can obtain) stock?** | | If yes, please specify: |
| **Expected return date** | |  |
| **Does patient have a supply that will last until item is back in stock?** | |  |
| **Suitable and available alternatives** | |  |
| Date |  | |
| Pharmacy |  | |

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