

UCF-CP4 COVER LETTER TEMPLATE

	Pharmacy Name and Address. Write details or use Pharmacy Stamp.	
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medicine(s) issued to	SD process, please find attached the UCF/CI one of your patients under the National Patier edicines, Appliances and ACBS products.	
	cord the supply made in the patient's records a supplied via the National PGD.	nd annotate the entry
	igilant to the misuse of this service by patient Board are made aware of any instances ider els.	
Please note that the poor these items already	ractice does not need to provide the pharmady supplied.	cy with a prescription
f you have any querie	s around the supply made, please contact us	directly.
Many Thanks		
medicine(s) issued to our property Provision of Medicine (s) Ingent Provision of Medicine (s) Independent of highlight that it was expressed that the local Health Expressed (s) Please note that the porthese items already of you have any queries the solution of the second of the sec	one of your patients under the National Patier edicines, Appliances and ACBS products. cord the supply made in the patient's records a supplied via the National PGD. gilant to the misuse of this service by patient Board are made aware of any instances ider els. ractice does not need to provide the pharmacy supplied.	nt Group Direction for and annotate the entry as and should ensure atified via the norma