

UCF-CP4 COVER LETTER TEMPLATE

Pharmacy Name and Address.
Write details or use Pharmacy Stamp.

As required by the PGD process, please find attached the UCF/CP4 form(s) listing the medicine(s) issued to one of your patients under the National Patient Group Direction for Urgent Provision of Medicines, Appliances and ACBS products.

The practice should record the supply made in the patient's records and annotate the entry to highlight that it was supplied via the National PGD.

Practices should be vigilant to the misuse of this service by patients and should ensure that the local Health Board are made aware of any instances identified via the normal communication channels.

Please note that the practice does **not** need to provide the pharmacy with a prescription for these items already supplied.

If you have any queries around the supply made, please contact us directly.

Many Thanks