

Community pharmacy notification: Medicine dispensed out of hours

Care home name:..... Tel:.....

Contact name:..... Fax:.....

Community pharmacy:.....

Dear pharmacist,

We have had to obtain the medicine (listed below) from an alternative pharmacy. We would be grateful if you can inform us whether the resident has any allergies or contraindications to the medicine listed below, or possible interactions with their regular medicine.

We would be grateful if you could respond as soon as possible with any relevant information and advice.

Yours sincerely.....(Print name)

Resident name and date of birth	Medicine dispensed (including strength and dose)	Date of dispensing	Pharmacy comments
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