Provider Trust Logo here

Shared Care Drug Information	
Date:	
Patient name:	
NHS Number:	
Drug:	

Dear Dr

Request to continue prescribing of a shared care drug

I have started this patient on the above drug that has been deemed as appropriate for shared care by the Coventry and Warwickshire Area Prescribing Committee (APC). The last prescription for a month's supply was issued on____________. The dose is____

(include strength and frequency)

I would be grateful if you could consider participating in shared care. I am sending you a copy of the shared care agreement locally approved by the APC. This can also be accessed at:

http://www.covwarkformulary.nhs.uk/searchresults.asp?SearchVar=shared+care&Submit2=Search

If you are agreeable, please could you complete the section below and return it to me by email as soon as possible but at the latest within 5 working days. If you wish to discuss this with me, please contact me via my secretary. *(see telephone below).*

On receipt of your agreement to participate, I will write to the patient to inform them that they will be able to order the medication from your surgery. That letter will be used as the written request for the medication. It states that patients DO NOT need to make an appointment to see their GP to request the medication.

Yours sincerely

For completion by Specialist						
Telephone number:						
NHS. net Email Address:	@nhs.net					
For completion by GP *(complete section below and send back to the Specialist)*						
I agree to prescribe *(Tick as appropriate)*	**Yes**		**No**		**I would like to discuss further**	
Reasons if "No"						
Prescriber name						
Signature						