



Unavailable Prescription Medicine Notice

Please note this is a stock availability notice, not prescribing advice



Today's date:		Patient Name:	
NHS No:		Date of Birth:	
GP Practice:			
The following prescribed medication is unfortunately not currently available <i>(include full medication prescribed details, inc name, strength, formulation, & Qty):</i>			
Background Information:	<input type="checkbox"/> Short term manufacturing problem: best estimate from wholesaler of stock availability date is: <input type="checkbox"/> Long term manufacturing problem: no date available <input type="checkbox"/> Product discontinued by manufacturer <input type="checkbox"/> Other:		
Available possible alternative medicines:	<i>Please include multiple options if available so the prescriber can choose the most appropriate one; include the following for each option as appropriate:</i> <ul style="list-style-type: none"> • Name of product • Strength • Formulation • Qty to prescribe • Other information 	<i>Aide memoir for considerations - Please check/circle as appropriate:</i> <input type="checkbox"/> Same drug is available if prescribed using different formulation/strength <input type="checkbox"/> Prescribe same drug by generic/brand name as this is available <input type="checkbox"/> Consider stopping medication and not providing alternative <input type="checkbox"/> Alternative therapy suggestion – which needs clinical input from prescriber to ensure is appropriate – no patient record access in pharmacy <input type="checkbox"/> Alternative required but I do not have enough information / specialist knowledge to make a recommendation to you	
Pharmacy details:	Name of person filling in this form & role title: Pharmacy Name: Contact details: (Phone or mobile number)		