Date: ………………………………………………………………

Patient Name: …………………………………………………………. DOB:…………………………………………………..

Dear Dr………………………………

**I saw the above patient today with** *(Please give details on minor ailment and symptoms):*

…………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………..

**Medication supplied**..........................................................................................................................

**Advice provided**...............................................................................................................................

......................................................................................................................... ..................................

Due to the nature of the symptoms the patient has been advised to return to their GP for a **ROUTINE / URGENT** *(delete as appropriate)* appointment.

**Reason for advising patient to return to their GP: …**........................................................................

............................................................................................................................................................

Many thanks,

………………………………………………… *(Pharmacy and Pharmacist Name)*



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Many thanks,

………………………………………………… *(Pharmacy and Pharmacist Name)*