|  |  |
| --- | --- |
| GP name: |  |
| Practice address: |  |

**PATIENT DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Date of Birth: |  | NHS number: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |

I am writing to inform you that I have commenced management with the following non-commissioned treatment:

For the indication of:

The following commissioned treatments are not suitable for this patient in this situation because: *(Please describe)*

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| --- |
|  |

In line with the CCG agreed process of trust managed individual patients for this drug, I shall undertake prescribing and supply of this treatment for a period of at least **SIX MONTHS**, commencing:

I shall write again to ask that you take on the prescribing of this drug for this patient at the end of this initial period, after assessing with the patient the clinical benefit they have obtained. There are no particular monitoring requirements or special arrangements needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Consultant name: |  | Tel: |  |

**GP RESPONSE:** *(indicate as appropriate):*

I agree to undertake prescribing of the above treatment for this patient and this indication after the six month individual trial period

I do not agree to undertake prescribing of this treatment and this indication because:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| GP name: |  |  |  |