

**GP Response Form: Request to prescribe in Primary Care DECLINED**

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| Hospital Number: |       | NHS Number: |       |
| First name: |       | Surname: |       |
| Address: |       | DoB: |       |
| GP: |       | Surgery: |       |
| **REF: *MEDICATION(S) / APPLIANCE(S)***      |

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| Dear Colleague, Thank you for your prescribing request to General Practice.  |
| We are not able to proceed with issuing a prescription against the request, due to the reason(s) below: |
|  |  |
| [ ]  | Insufficient patient identifiers | [ ]  | Preparation unavailable |
| [ ]  | No indication present | [ ]  | TAG\* Guidance: Hospital Only / Red & Double Red / Black |
| [ ]  | No prescriber name present | [ ]  | Not to be prescribed in primary care (FP10) |
| [ ]  | Prescriber name not legible | [ ]  Non-formulary |  |
| [ ]  | Dose / duration not specified | [ ]  | TAG Shared Care prescribing request not in line with SCA - [Shared Care Agreements - Knowledge NoW](https://nwknowledgenow.nhs.uk/content-category/prescribing-pharmacy-and-medicines-optimisation/therapeutic-advisory-group-tag/shared-care-agreements/) |
| [ ]  | Request illegible  | [ ]  | Other – give details:       |
|  |  |  |
|  |  |  |  |
| Signed: | ……………………………………. | Date: |       |
| Name: |       |
| Please contact me / any member of the practice on       if you have any queries. |

\*Therapeutic Advisory Group (TAG), Drug & Therapeutic Committee (DTC)