

Fountains Health Delamere Street Chester CH1 4DS

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N81102

Care Home Prescription Request (Form A)

Requests will only be dealt with Monday to Thursday

To be completed by RGN/RMN/ Senior Carer in Care Homes when requesting Top Up Medications (shortfall)		
Please do not request medications which have NOT been prescribed before		
We can only accept urgent requests for regular medications		
For any other requests please use the email as below sent from @nhs.net email		
Please email the completed form to cmicb-Cheshire.fichs@nhs.net		
Patient name:		DOB:
Care Home:		
Pharmacy:		
	,	
<u>Drug</u> Strength and Form	<u>Quantity</u>	<u>Reason</u>
Date:	Name of person requesting:	