CUES Written Order

Private & Confidential

2021-01-19 12:17:54

TO THE PHARMACIST

GP Practice Name BRUNSTON PRACTICE

BRUNSTON PRACTICE,
CINDERHILL, COLEFORD, GL16
8HJ

Patient First Name SCRDONOTUSE

Patient Surname XXTESTPATIENTDZAWB

Patient Date of Birth 16-04-1928

Patient Address Flat 30 Dukes Palace Wharf
Duke Street
Duke Street
NR3 3AT

NHS Number 9990243662

Patient Telephone

Drug name	Dose	Duration	Eye(s) to treat	Frequency
Chloramphenicol 1.0% Ointment 4g	One Drop	for 48 hours after symptoms resolve	Right	4 hourly for 2 days and then 4 times daily

Treating Clinician MATT JINKINSON

Clinician GOC 01-23523

Electronic signature:

MATT JINKINSON

Wet ink signature:

Practice Address PRIMARY EYECARE SERVICES LTD, UNIT 2.3, WAULK MILL, M4 6LN, AFW

Comments: Please read instructions carefully, dispose. of your used medication responsibly and do not share your eye medication with anyone else. Consult your optician or GP if you have any questions.

This document has been produced electronically from within an NHS approved patient management system.
If you require further details please contact the named clinician above.

Written Order in accordance with Section 5 of Schedule 5, article 11(1)(a) of Statutory Instrument 1997 No 1830 as amended by Section 8 of Statutory Insytrument 2005 No. 76.

The medication prescribed on this form may be supplied under the NHS from pharmacies participating in the NHS Community Pharmacy Dispensing Service for Community Optometry Minor Eye Conditions Service.
This is free of charge except where a patient pays a prescriptinon charge.

The patient doesnt have to pay because he / she	is under 16 years of age
Pharmacy Use Only	Evidence not seen

I declare the information I have given on this form is correct and complete.
I understand that if it is not, appropriate action maybe taken. I confirm proper entitlement to exemption.

To enable the NHS to check if I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority, the Department of Work and Pensions and relevant Local Authorities.

Part 2: I have paid	£	I am:	The Patient	The Patient's Guardian
Signature		**Date:**		
Address if different from that above				

This is the end of the Written Order.
Produced in OPERA for Primary Eyecare Services