

# Treatment recommendation



# Treatment recommendation



Patient's name:

Date of birth:

Patient's name:

Date of birth:

We have recommended the below treatments to help with your symptoms, which will be available to buy in your local pharmacy.

We have recommended the below treatments to help with your symptoms, which will be available to buy in your local pharmacy.

Treatment for:

Treatment for:

Treatment recommendation:

Treatment recommendation:

Practitioner's name:

GP Surgery:

Practitioner's name:

GP Surgery:

Instead of giving you a prescription your GP has advised that you can buy this product from your local community pharmacy.

Please take this form to the pharmacist, who can also offer you additional help and advice.

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Please take this form to the pharmacist, who can also offer you additional help and advice.



Scan the QR code for more info about our services.

Head to your local **pharmacy.** **HERE TO HELP**



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