

SAMPLE PRESCRIPTION

NHS AYRSHIRE & ARRAN
OUT-PATIENT PRESCRIPTION



Write or attach label

CHI No: _____
Surname: _____
Forename: _____ Sex: _____
Address: _____
Date of Birth: _____

Urology Out Patient Clinic

Patient allergy status _____

PLEASE DISPENSE

Uromune perlingual spray

2 sprays sublingually once daily. Avoid food/drink 1 hour before and after taking Uromune.
Store in a refrigerator.

Supply: 3 months (1op i.e. 2 x 9ml spray bottles)

Patient will collect from Crosshouse / Ayr hospital pharmacy department

(Patient will be given the hospital pharmacy department phone numbers at the clinic and advised to phone the pharmacy (approximately 10 days after their clinic appointment) they have elected to collect the Uromune from to check that it is ready to pick up).

Doctors Name: _____

Signed: _____ Date: _____

To The Patient:

You have been given a prescription that can only be dispensed by the Hospital Pharmacy Department.

Pharmacy use (Uromune is stored in a refrigerator):

Uromune order placed with pharmacy stores Signature: Date:

Dispensed prescription collected by: Signature: Date:

Code of Practice number: 03bP02

Reference: ADTC 370/01

Supersedes: None

Written by: Ms Holly Bekarma Consultant Urologist **Checked by:** KA Calder Senior Antimicrobial Pharmacist

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