



Date:.....

Doncaster Wound Care Alliance
Tier 4 or 3 Wound Care Specialist Services
Doncaster
South Yorkshire

Name of GP.....

GP address:

.....

.....

Off Formulary prescribing request form a Doncaster Wound Care Alliance Tier 4 or 3 Wound Care Specialist Services

Dear

The following patient has been reviewed on by
within the Doncaster Wound Care Alliance tier 4 or 3 Wound Care Specialist Services. The products
with in Doncaster Wide Wound Care Formulary have been exhorted and on this occasion they
required products off the Formulary.

Patients Name.....

NHS Number.....

Therefore can you please provide a prescription for the following product/s for..... weeks.

- Product name
- Product size
- Procut code if available

Yours sincerely

Name:

Job Role:

Name of Tier 4 or 3 Wound Care Specialist Services