

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 ..... with in 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 .....

Product code if available .....

Yours sincerely

Name: .....

Job Role: .....

Name of Tier 4 or 3 Wound Care Specialist Services .....