

For queries contact Medicines Optimisation in Care Homes teams via:
 BaNES- BSWCCG.banes.moch@nhs.net
 Swindon- BSWCCG.swindon.moch@nhs.net or 01793 987667
 Wiltshire- BSWCCG.wiltshire.moch@nhs.net



**Bath and North East Somerset,
 Swindon and Wiltshire**
 Clinical Commissioning Group

Care Home:

Medication Request Form

In order for the surgery to process your 'interim', 'acute', 'due now' or 'catch up' prescriptions with better efficiency, please fill out the following chart and send to surgery for **ALL non-monthly medication cycle requests**. This helps improve the safety of medicine provision.

Name of Resident & Date of Birth	Name of medicine & dose, formulation, and directions for frequency	Monthly cycle start date	Number of days treatment needed (until end of cycle)	REASON (Why are these medicines needed: dose change? infection? new resident? out of sync quantity?)
Surgery response:				
Surgery response:				
Surgery response:				
Surgery response:				

- **Surgery response – if request cannot be actioned due to lack of information, stopped medication, Rx already issued, etc.**