**Medication Requests on Behalf of Patients**

Date:

Pharmacy Name

**Re:** **Name:**

**DOB:**

**Address:**

Dear Carepoint

We have identified that the above named patient is unable to request their medication due to:

**Single Criteria**

Blind

Housebound with no Carer

Patient who is a Carer and unable to leave their ‘Cared’ for person

Dementia

**Two Criteria**

Housebound but has a Carer

Carer who cannot request medication

Partially sighted

Poor mobility or Frail

Mental Health Conditions

No Internet or PC

We would therefore like to request medication on behalf of this patient. We agree to communicate request via email to hillccg.carepointprescriptions@nhs.net, and will not send requests via fax or paper.

Please add the message ‘***Pharmacy ordered repeat prescription’*** on the right hand side of the prescription slip.

For any item that is not on repeat prescription (ie. Acute or Past), we will advise the patient that we require an explanation of why the medication is requested; otherwise we acknowledge these items will not be processed and automatically rejected.

Thank You

Name