Treatment recommendation



Treatment recommendation



Patient's name: Date of birth: Patient's name: Date of birth: We have recommended the below treatments to help We have recommended the below treatments to help with your symptoms, which will be available to buy in with your symptoms, which will be available to buy in your local pharmacy. your local pharmacy. **Treatment for: Treatment for: Treatment recommendation: Treatment recommendation: Practitioner's name: Practitioner's name: GP Surgery: GP Surgery:** Instead of giving you a prescription your GP has advised that Instead of giving you a prescription your GP has advised that you can buy this product from your local community pharmacy. you can buy this product from your local community pharmacy.



Scan the QR code for more info about our services.

additional help and advice.

Head to your local pharmacy. HELP

Please take this form to the pharmacist, who can also offer you





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