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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name:**  **NHS number:**  **Date of birth:** | | | | | | | | | **Address:**  **GP Practice:** | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| **Date Authorised** | **NAME OF DRUG**  **(Formulation, strength)** | | | **DOSE** | | **ROUTE** | **FREQU-ENCY** | | **Indication / Additional information** | **Start Date** | | **Review Date**  **max 12m** | | **End Date**  **max 12m** | **Prescriber Authorisation**  \*signature not required with Smartcard authentication | |
|  |  | | |  | |  |  | |  |  | |  | |  | \*Sign | |
| PRINT | |
| GMC/PIN no. | |
|  |  | | |  | |  |  | |  |  | |  | |  | \*Sign | |
| PRINT | |
| GMC/PIN no. | |
|  |  | | |  | |  |  | |  |  | |  | |  | \*Sign | |
| PRINT | |
| GMC/PIN no. | |
| **Codes for Route:**  O - Oral  IM - intramuscular | | SC - Subcutaneous  TD – Transdermal | | | ID - Intradermal  Ear - Ear drops | | | IV – Intravenous  Nasal - Nasal drops/spray | | | Eye - Eye drops  SL – Sublingual | | PR - Rectal  PV – Vaginal | | | INH – Inhaled  Top – Topical |
|  | | |  |  | | | | |  |  | | | | |  | |
| **Allergies and sensitivities:** | | | | | | | | | **No known allergies** | | | | | | | |
|  | | | | | | | | | | | | | | | | |

**PSDs completed should be emailed to the relevant prison – HMP Bristol–** oxl-tr.hmpbristolooh@nhs.net **HMP Ashfield–** [hmpa.ashfieldhealthcareteam@nhs.net](mailto:hmpa.ashfieldhealthcareteam@nhs.net) **or HMP Leyhill–** [ley-hmp.admin@nhs.net](mailto:ley-hmp.admin@nhs.net)