|  |  |
| --- | --- |
| **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 - SubcutaneousTD – Transdermal  | ID - Intradermal Ear - Ear drops  | IV – IntravenousNasal - Nasal drops/spray | Eye - Eye dropsSL – Sublingual | PR - Rectal PV – Vaginal | INH – InhaledTop – 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 **or HMP Leyhill–** ley-hmp.admin@nhs.net