

Medication Unavailable: Alternative Request Form

Patients Name & Address	NHS No	DOB
Attach label here		

We have received a request for medication that we cannot currently supply. The current available alternatives are listed below.

Responsibility for choice of prescribed medication remains with the prescriber.

The following medication is currently not available:	An available alternative is:
Attach label here	
Attach label here	

We confirm (in accordance with NHS England Guidance) that we have;

- Asked our suppliers and others for this and checked other brands/pack sizes etc
- Asked local pharmacies and none have stock either
- If marketed by a single company, we have contacted the manufacturer and they are unable to supply wholesale to us for this patient
- Informed the patient of the reason for the problem and offered them appropriate options. They have asked us to contact their GP to arrange an alternative
- This is a temporary problem that will hopefully resolved by
- This is a problem that is unlikely to be resolved
- Other helpful prescribing information.....

Signed: **Date:**