

Pilot Project

‘Enhancing Spacer Care in a community pharmacy setting to help improve lung outcomes’

April 2021

Community Pharmacy GP Referral Form

Dear Dr

I am referring this patient (name)

who presented in our pharmacy on (date)

with the following recommendation(s)

.....

We have therefore advised the patient to contact the practice for a spacer prescription review.

We will issue a Spacer Patient Information Leaflet (SPIL).

Thank you,

.....

Pharmacist Signature

Pharmacy stamp

