

HELP US TO HELP YOU

Please give a detailed account of where one of your patients has been affected due to the lack of an appropriate prescription.

Thank you for completing this form, if you would like to contribute more or have any questions, please e-mail prescribing@bsdht.org.uk or visit BSDHT or BADT websites.

Practice Type (please enter 'X' in relevant box below):

Setting:	
Medicine/Group of medicines:	
Description of case:	
Current practice & drawbacks associated with working under prescription and/or a PGD:	
What was the patients' experience?	

1. Fully Private
2. Fully NHS
3. Mixed Practice

