

FORTH VALLEY DIETETIC SERVICES

REQUEST TO SUPPLY A NON-FORMULARY GLUTEN FREE FOOD PRODUCT

This form should be completed by the **DIETICIAN** for initiation of a **non-formulary** Gluten Free Food product not currently included in the Forth Valley Gluten Free Food List for individual patient use.

The completed form should be forwarded to the appropriate Community Pharmacy and a copy sent to: Pharmacy Project Support Manager, Pharmacy Office, Falkirk Community Hospital, Westburn Avenue, Falkirk, FK1 5QE, Fax No. 01324 673616.

Part A: Patient Details	
Patient Name: Address: CHI Number:	Community Pharmacy Name: Address:

Part B: Gluten Free Food Item Details		
Name:		
PIP Code:	No of units (if known):	Price:
Manufacturer Details:		

Part C: Reason Formulary Product is not suitable
No equivalent product:
Other:

Dietician (print name) Signature

Telephone Number Date