

Notification of supply of trimethoprim/nitrofurantoin to treat uncomplicated urinary tract infection via community pharmacy

Name of pharmacist	GPhC registration number	Date of supply
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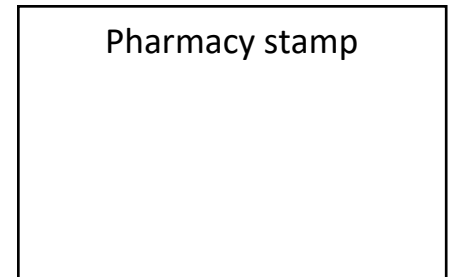
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GP name	
GP practice address	

The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection.

Patient name	
Patient address	
Date of birth	



Presenting symptoms:

Dysuria	Urgency	Haematuria
Frequency	Polyuria	Suprapubic tenderness

Urine dipstick results (if taken, optional):

Nitrite '+ve	Leucocyte '+ve	Blood '+ve	Not required
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Following assessment your patient has been given a 3 day course of

**trimethoprim 200mg
nitrofurantoin 100mg MR
nitrofurantoin 50mg tablets**

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records

Patient consent

I agree to the pharmacy sharing this information with my GP

Patient signature	Date
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