

DRESSING REQUEST AND EXCEPTION FORM

Please complete **PART A** for **ALL** prescription requests not listed on the Dressing Prescription Request Form.

Please complete **PART A & PART B** for **ALL Non Formulary** requests.

A copy must be faxed to the patients' GP and to the Tissue Viability Team.

PART A	Patients Name: Address: Date of Birth: NHS No: GP Name & Address:	Person Requesting: Job Title: Work Base: Date of Request:
	Product required is listed on formulary but not on Prescription Request Form - Yes <input type="checkbox"/> No <input type="checkbox"/> (PLEASE TICK)	
	Product Prescription Request (PLEASE PRINT)	Product Size

PRACTITIONER TO COMPLETE **BOTH PART A & PART B** IF REQUEST IS **NON FORMULARY** AND FOLLOWING CONSULTATION WITH SPECIALIST.

PART B	Type of Wound: Size of Wound:	Location of Wound: Level of Exudate: Duration of Wound:
	Formulary Products Already Tried:	Reason Formulary Product Not Suitable:
	Speciality Consulted: <input type="checkbox"/> Dermatology <input type="checkbox"/> Lower Limb Vascular <input type="checkbox"/> Lymphoedema <input type="checkbox"/> Podiatry <input type="checkbox"/> Tissue Viability <input type="checkbox"/> Other Name of Specialist Consulted (PLEASE PRINT):	

Tissue Viability Tel No: 01254 736272

Tissue Viability Fax No: 01254 390459

Tissue Viability Email:

Faxed to: **GP:** **Tissue Viability:**

TissueViability.Service@elht.nhs.uk

Please fax to BOTH the patients' GP AND Tissue Viability

This form will be used to monitor compliance and review the existing formulary