

Appendix 4

**Pharmacy First For Children
FPPHarm (pharmacists prescription)**

Pharmacy stamp	Patient's name
	Date of birth
	Name of surgery

I supplied the above patient with the following items (please tick the appropriate boxes):

	Product supplied	tick		Product supplied	tick
1.	Ibuprofen 200mg tabs 24		5.	Beclometasone Nasal Spray (200)	
	Ibuprofen 100mg/5ml Susp 100ml			Cetirizine 10mg tabs 30	
	Paracetamol 500mg tabs 32			Chlorphenamine 4mg tabs 28	
	Paracetamol Susp SF120mg/5ml 100ml			Chlorphenamine Syrup 150ml	
	Paracetamol Susp SF250mg/5ml 100ml			Loratadine 10mg tabs 30	
				Loratadine Syrup 100ml	
2.	Diorylate sachets 6			Sod cromoglycate eyedrops 10ml	
3.	Lactulose Syrup 300ml		6.	Dimeticone Lotion 2x50ml	
				Detection comb	
4.	Chloramphenicol 0.5% Eye Drops				
	Chloramphenicol 1% Eye Ointment			Rapid referral procedure used	
				Advice only	

Declaration of exemption

To be completed by the parent/guardian of the patient

The patient does not pay because:

- A is under 16 years of age
 B is 16 and in full-time education

Parent/guardian signature:

Date:

Was evidence of exemption seen? Yes No

Would the patient have accessed one of these following services had they not accessed this scheme?

- a) GP b) A&E/walk-in-centre c) a pharmacy to buy the product