

THE WALTON PAIN CLINIC

Lower Lane

Fazakerley

Liverpool

Tel: 0151 529 5749

Fax: 0151 529 5486

Dr

Consultant in Pain Medicine

Ref:

Clinic Date:

Date dictate:

Date Typed:

GP Name

Address line 1

Address line 2

Address line 3

City Postcode

Date

Dear Dr

Patient name:

DOB:

NHS number:

This letter is to inform you that the above patient has been commenced on **oral methadone tablets** for pain management.

Their dose has been stabilised at methadone

As per Pan Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber retained and we would be grateful if you would agree to continue to prescribe this. A copy of the Prescribing Policy Statement and Prescribing Support Information for methadone tablets can be found here: <https://www.panmerseyapc.nhs.uk/media/2094/methadone.pdf>

Any changes in the dose will be conducted by the pain clinic and this will be communicated to you in writing.

The patient will require a new prescription on

The patient will be seen in clinic on

The following opioid medicines have stopped prior to stabilisation of methadone:

<p>(Nil or list as appropriate)</p>

Their other medicines to continue are:

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(Nil or list as appropriate)

A baseline ECG was performed and the patient's QTc interval was noted to be normal.

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(Any additional free text/blank)

To acknowledge whether you agree to prescribe oral methadone tablets for your patient, please could you sign and fax this letter back to the pain clinic secretary on 0151 529 5486 within the next 14 days? Please retain a copy for your records.

Yours sincerely

Dr
Consultant in Pain Medicine

To be completed by GP

I agree / do not agree* to prescribe methadone tablets to the above patient in accordance with Pan Mersey Prescribing Committee policy and prescribing Support Information.

(*delete as appropriate)

GP signature

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Print name

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Date

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