

## Wirral Place Non-Formulary Dressings Request Form

Must be completed when a non-formulary product is requested from a GP.

<b>Patient Name:</b>	
<b>GP Practice:</b>	

### Non-formulary products being requested: for Acute Prescription only

Non-formulary Product Name	Size	Amount	Reasons for use (ie TVN/Specialist advice)
1.			
2.			
3.			
4.			
5.			
6.			

### Products Previously Used on the Wound:

Formulary Products Used	Duration	Reasons discontinued /not suitable
1.		
2.		
3.		
4.		
5.		
6.		

<b>Name of person submitting this form:</b>			
<b>Base:</b>		<b>Designation</b>	
<b>Contact Number (mobile):</b>		<b>Date:</b>	

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