Bournemouth, Poole and Dorset councils
working together to improve and protect health

Public Health Dorset

CONFIDENTIAL FAX

PHARMACY COMMUNITY-BASED SMOKING CESSATION SERVICE

FAO: GP Name:	
GP practice name and address:	
The following patient has been seen by me for smoking cessation treatment. They have expressed a wish to use varenicline to aid their effort in stopping smoking. I have ascertained that your patient does not have any contraindications, or risk factors, for using varenicline and meets the criteria for supplies to be made under the local pharmacy patient group direction (PGD):	
Patient name:	
Address:	
DOB:	
Patient telephone number:	
A quit date has been set:	
Product(s) to be supplied: (for up to 12 weeks treatment)	

The patient will continue to receive supplies of varenicline and follow up support from the pharmacy for up to 12 weeks in total.

Pharmacy Name:	
Pharmacy address:	
Pharmacy telephone number:	
Pharmacist name:	
Pharmacist signature:	
Date:	

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