

Controlled Drug Prescription for Out-Patients/Leave and Discharge TTO's

This Prescription template should be used to prescribe **all Schedule 2 and 3 Controlled Drugs including Tramadol, Temazepam, Pregabalin and Gabapentin.**

All prescriptions are legally valid for dispensing by Oxford Health Pharmacy for **28 days** from the date of prescribing.

It is **not** possible to request repeat dispensing for Controlled Drug prescriptions.

- All of the prescription must be completed in indelible ink
- The prescription must be dated and signed by the prescriber (handwritten)
- A copy of the prescription should be scanned to the relevant Dispensary for accuracy checking.
- The original copy must be with a member of the Pharmacy team, before the medication can be released from Dispensary.

Please use a separate CD prescription for each Item/Strength.

Name of Patient:	
Date of Birth of Patient:	
NHS Number of Patient:	
Ward and Hospital Name:	
Name of Controlled Drug:	
Preparation of Controlled drug: (e.g. Liquid, M/R capsules/tablets)	
Dose and Frequency: (e.g. 10mg Morning and Night)	
Strength of Controlled Drug to be supplied:	
Total Quantity of Controlled drug to be supplied: This must be expressed as both words and figures e.g. 14 tablets - Fourteen tablets 100mls – One Hundred millilitres 28 capsules – Twenty Eight Capsules	

Please contact Pharmacy if you are unsure which strengths and preparations are stocked.

Name of Prescriber:

Signature of Prescriber:

Date:

Prescriber's Address:

(Ward name and Hospital)