

**Dressing Request & Exception Form**

**GP Dressing Request (For Nursing Home use only)**

Patients Name: Address: NHS Number: GP Name & Address:	Person Requesting: Job Title: Work Base & Telephone Number: Date of Request:	
Is this product listed on the Wound Care Formulary? Yes or No		
Product Prescription request	Product Size	Quantity required

**Dressing Exception Form (Must be completed for specialist product requests)**

Type of Wound: Size of Wound:	Location of Wound: Level of Exudate: Duration of Wound:
Formulary Products Already Tried:	Reason For Request:
Speciality Consulted: Tissue Viability Service Lower Limb Vascular Service (acute/community) Podiatry Diabetic Foot Team Other:	

Please email ALL copies of the dressing exception form to: [tissueviability.service@elht.nhs.uk](mailto:tissueviability.service@elht.nhs.uk)