

SPECIALIST CONTINENCE PRESCRIPTION REQUEST FORM

East Lancashire Hospitals Trust – Community Directorate – Bladder and Bowel Nursing Service

<div style="border: 2px solid black; border-radius: 20px; width: 80%; margin: 0 auto; padding: 10px;"> Insert patient label here </div>	REQUESTING NURSE: <hr style="border: 0.5px solid black;"/> CONTACT DETAILS: Telephone 01254 735002 DATE:
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REASON FOR REQUEST
<p>Bladder/Bowel/Continence diagnosis:</p> <p>Rationale:</p> <p>Precautions for consideration:</p> <p><i>Please contact the service if further discussion is required.</i></p>

ITEMS FOR CONSIDERATION			
Drug/Device name	Dose/PIP code	Frequency/Quantity	Duration

Please provide details of the patients' chosen dispenser below:

Name of Dispenser	Address of Dispenser	Home Delivery YES / NO