



Immediate Outpatient Letter

IN CONFIDENCE

Serial number...1090525

Hospital : <u>EDI</u>		Department : <u>Oral Surgery</u>		Consultant : <u>Jan Jackson</u>						
Name and address of General Practitioner		Mr/MRS/MISS <u>Robert Leitch</u>		Unit No.:						
		Surname: <u>Leitch</u>		Date of Birth:						
		First Name:								
		Address:								
		Weight (where applicable)								
Your patient attended the clinic on: <u>26/9/25</u>										
Recommendations/comments:										
Follow-up advice: To attend hospital for further review in <u>1/10 w/ GDP</u>										
To attend GP surgery <u>Y/N</u>										
Follow-up required <u>Y (N)</u>										
Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.										
Pharmacy use:										
Medicine and Form	Dose	Administration Times				Additional Instructions (including length of treatment course)	Quantity to be provided *	LJF **	Dispensed/Issued by:	Checked by:
1. <u>Penicillin (Hicruxy)</u>	<u>500mg</u>	☒	☒	☒	☒	<u>2 weeks</u>	<u>10</u>			<u>SC</u>
2. <u>Methylenetetrahydrofolate</u>										
3.										
4.										
5.										
6.										

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : J. Cumfild (sign) Date : 26/9/25

SARAH CUMFILD (print)

Contact for advice : _____ Tel/bleep no. : OS dept.

WHITE COPY - TO PHARMACY

PINK COPY - G.P.

BLUE COPY - CASE NOTES