



Advice on Prescription Referral

First name:

Surname:

Telephone number:

Address (incl. postcode):

Other notes:

I confirm that the patient has consented to this referral being made	
Patient is happy for CAM to leave a voicemail	
Patient is happy for CAM to send a text	

NB: Upon receipt of referral, CAM will make a first attempt to contact the patient in no more than **2 working days**. Please advise patients that calls will come from a withheld number.