

Insert Trust name
and address here

Clinic Date: Date dictated: Date Typed:

Dr _____
Consultant Neurologist

GP Name

Address line 1

Address line 2

Address line 3

City

Postcode

Date __/__/____

Dear Dr

Our Reference:

Patient name: DOB: __/__/____

NHS number:

This letter is to inform you that the above patient has been assessed and deemed suitable for apomorphine therapy for the treatment of Parkinson's disease.

Patients on apomorphine remain under the care of our specialist team and will be regularly monitored whilst receiving this medication. We will initiate and monitor apomorphine therapy until the patient is established on therapy and prescribe and supply apomorphine for the first month of treatment.

As per Pan Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber Retained and we would be grateful if you would agree to continue to prescribe this.

A copy of the Prescribing Support Information for apomorphine can be found here:

https://www.panmerseyapc.nhs.uk/media/1218/apomorphine_support.pdf

Any changes in the dose will be conducted by the neurology team and this will be communicated to you in writing.

Patient name:

NHS Number:

To acknowledge whether you agree to prescribe apomorphine for your patient, please could you sign and return within 10 working days to the Specialist at The Walton Centre for Neurology and Neurosurgery NHS Trust, Lower Lane, Liverpool L9 7LJ, retaining a copy for your records.

Yours sincerely

Dr _____
Consultant

To be completed by GP

I agree/do not agree* (*delete as appropriate) to prescribe apomorphine treatment to the above patient in accordance with Pan Mersey Prescribing Committee/Prescribing Support Information.

GP signature*Print name:.....Date..../..../.....

*This could be signed electronically by entering the GP's name, if this is possible.