

Patient Specific Direction (PSD) for supply of amantadine, oseltamivir or zanamivir during out-of-season influenza outbreaks

**Patient details**

|  |  |
| --- | --- |
| Name of patient |  |
| Patient NHS number |  |
| Date of birth |  |
| Address of patient |  |

**Treatment details**

I authorise for the above-named patient to receive the following medicine for treatment or prophylaxis of influenza:

|  |  |
| --- | --- |
| Name and form of medicine |  |
| Strength of medicine |  |
| Dose |  |
| Frequency |  |
| Duration of treatment |  |

**Prescriber details**

|  |  |
| --- | --- |
| Prescriber signature |  |
| Prescriber name (PRINT) |  |
| Date of signing |  |
| Qualification (GP/Non-Medical prescriber) |  |
| Practice/Organisation |  |

**Dispensing**

|  |  |
| --- | --- |
| Date of dispensing |  |
| Pharmacist signature |  |
| Pharmacist name (PRINT) |  |
| Pharmacy address/stamp |  |

NHS Dorset ICB FluOOS PSD Proforma V.3 Aug 23 – Review Aug 24