

GP Name		GP Practice		Date	
GP Signature					

GPs please send this form to:						
			Contact name	Email address		
1	The relevant Specialist Clinician					
2	The relevant specialist provider designated contact	Shrewsbury and Telford Hospital NHS Trust	Medicines Optimisation Team	sath.declinetoprescribe@nhs.net		
		The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Rheumatology Nurses	rjah.rheumatologynurses@nhs.net		
		Midlands Partnership NHS Foundation Trust			mpft.declineprescribing@nhs.net	
		St Michael's Skin Clinic			stmcl.admin@nhs.net	
		Shropshire Community Health NHS Trust			Shropcom.declineprescribing@nhs.net	
3	Medicines Management at NHS Shropshire, Telford & Wrekin CCGs		Medicines Management Team	stwccg.motqueries@nhs.net		

You are also advised to keep a copy of this form in the patient's record