# **Notification of supply of fusidic acid 2% cream to treat impetigo via community pharmacy**

| Name of pharmacist | GPhC registration number | Date of supply |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

## Data protection confidentiality

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| GP name | Click or tap here to enter text. |
| --- | --- |
| GP practice address | Click or tap here to enter text. |
| The following patient has attended this pharmacy for assessment and treatment of impetigo. | |
| Patient name | Click or tap here to enter text. |
| Patient address | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |

Pharmacy stamp

Presenting symptoms:

| Rash typical of impetigo (vesicles that weep and dry to form a yellow-brown crust limited to one area of the body. |  |
| --- | --- |

**Following assessment your patient has been supplied with fusidic acid 2% cream.**

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records

| **Patient consent** | |
| --- | --- |
| I agree to the pharmacy sharing this information with my GP | |
| Patient signature: | Date: |
| Click or tap here to enter text. | Click or tap to enter a date. |