**Appendix 4**

**Exception reporting form**

To be faxed and made to the attention to the **Pharmacy and Medicines Optimisation Team** as required and a copy to be kept in the pharmacy to be inspected on pharmacy contract and related visits.

|  |  |
| --- | --- |
| Pharmacy Name |  |
| Pharmacy Address |  |
|  |  |
| Date |  |
| Prescriber Details |  |
|  |  |
| Medicines requested and not dispensed |  |
| Details of why prescriptions could not be dispensed |  |
| Other Comments |  |
|  |  |
| (1) e.g. out of stock, another prescription  for same product also dispensed today,  incorrect handwriting requirements, product selection, insufficient stock |  |
| (2) e.g. telephone another pharmacy,  contacted prescriber |  |