

Form PREM2D

Application to undertake an MUR by telephone for a particular patient on a particular occasion

A completed copy of this form should be submitted by the pharmacy contractor to their NHS England Area Team (AT) in order to request consent to undertake an MUR by telephone for a particular patient on a particular occasion. As you need to disclose the patient's name to the AT, you should obtain the patient's consent to disclosure, before making the application to the AT

This application is made under Direction 4(6) of The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The AT must consent to this application before an MUR can be conducted by telephone for the particular patient on the particular occasion.

Pharmacy details			
Name of pharmacy contractor:			
ODS code (F code):			
Pharmacy address:			
Address for correspondence (if different from above):			
Application			
1.	I / we apply for consent to undertake an MUR consultation by telephone for the following patient on one occasion.		
2.	Patient's name:		
3.	I / we confirm that the arrangements are such that the telephone conversation will not be overheard (except by someone whom the patient wants to overhear the consultation).		
Pharmacy contractor's declaration			
Signed:		Date	
Contact name for queries relating to this form:		Telephone number	