

Date Written: _____

Valid Until: _____

Dear Pharmacist,

I am happy for the following patient to be supplied with _____ for their pain relief. I am fully aware of the Pharmaceutical Society of Ireland's guidelines regarding the sale of over the counter medicines containing codeine and am satisfied that the patient is fully aware of the restrictions and precautions associated with this product.

GP Name:	
Patient Name:	
Patient Address:	

Thank you for your co-operation to this regard.

Yours sincerely,

GP Signature

<i>Surgery Stamp</i>
