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**Patient Specific Direction (PSD) for supply of amantadine, oseltamivir or zanamavir during out-of-season influenza outbreaks**

**Patient details**

|  |  |
| --- | --- |
| Name of patient |  |
| Patient NHS number |  |
| Date of birth |  |
| Address of patient |  |

**Treatment details**

I authorise for the above named patient to receive the following medicine for treatment or prophylaxis of influenza:

|  |  |
| --- | --- |
| Name and form of medicine  |  |
| Strength of medicine |  |
| Dose |  |
| Frequency |  |
| Duration of treatment |  |

**Prescriber details**

|  |  |
| --- | --- |
| Prescriber signature |  |
| Prescriber name (PRINT) |  |
| Date of signing |  |
| Qualification (GP/Non-Medical prescriber) |  |
| Practice/Organisation |  |

**Dispensing**

|  |  |
| --- | --- |
| Date of dispensing |  |
| Pharmacist signature |  |
| Pharmacist name (PRINT) |  |
| Pharmacy address/stamp |  |