ISLAND DRUG & ALCOHOL SERVICE
102 Carisbrooke Road
Newport
Isle of Wight
PO30 1DB

Tel: 1983 526654
Fax: 01983 539667

IDAS Referral Form

Community Pharmacy/IDAS Joint Hepatitis B Vaccination Programme

Dear Pharmacist

Concerning our patient:

Patient Name:

Patient Date of Birth:

Patient Address:

Tick	Reason for Request
	This client requires a dry blood spot test
	This client requires a Hepatitis B vaccination course
	This client requires a Hepatitis B booster

Following our telephone conversation earlier today, our client has received information about hepatitis B and wishes to have a dry blood spot test and undergo a course of vaccination at your Pharmacy. We have explained the ultra rapid course schedule to this patient regarding the need to attend the Pharmacy on days 0,7 and 21.

Signed……

Print Name……

IDAS Key Worker

Received at Pharmacy……

Please sign and enter date received to acknowledge receipt and fax back to IDAS 01983 539667

Name of pharmacy service lead (Print)……

Signature……

NB: Please inform IDAS if you do not engage with this client for any reason Tel 01983 526654