Ref:

Please attach patient addressograph here

**GP Name**

Address 1

Address 2

Address 3

City Postcode

Date

Dear

**Patient name…………………………….**

This letter is to inform you that the above patient has been commenced and now stabilised on amiodarone:

Amiodarone strength/formulation………………………… Maintenance dose……………………………

Date commenced………………………………………………………………………………………………

Dose of…………………………………..next due on the …………………………………………………

I can confirm that these are exceptional circumstances and there is a genuine clinical need for amiodarone for this patient. Other treatments cannot be used or have failed. The risks and benefits have been discussed with the patient.

As per Pan-Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber Patient Retained and we would be grateful if you would agree to continue to prescribe and administer this treatment. A copy of the Prescribing Support Information for amiodarone can be found here insert link

***Amber******Patient******Retained*** *requires specialist initiation of prescribing. Prescribing to be continued by specialist until stabilisation of the dose is achieved and the patient had been reviewed by the specialist. Patient remains under the care of specialist (ie not discharged) as occasional specialist input may be required.*

We will assume that you have agreed to prescribe amiodarone for your patient.

If you do not agree to do so, please could you sign and return this letter with your reasons to the cardiology department at (insert contact details) within 14 days? Please retain a copy for your records.

Thank you

Yours sincerely

**Name**

Position

**To be completed by GP if prescribing is declined**

I do not agree to prescribe amiodarone to the above patient in accordance with Pan-Mersey Area Prescribing Support Information.

GP Signature……………………………………Print………………………………..Date…………………….