



For the purposes of issuing Ciprofloxacin 250mg or 500mg

Information provided below is used to help the safe prescribing of this medication.

Name:	NHS Number:	Date of Birth:
Address:		Telephone number:
Regular medication:		
Allergies:		
Patient signature:	Parent or carer signature:	
Date:		
Clinician Notes:		
No contraindications <input type="checkbox"/>	No relevant allergies <input type="checkbox"/>	
Dose given:	250mg <input type="checkbox"/>	500mg <input type="checkbox"/>
Clinician name and surname:		
Clinician signature:	Date:	

You can read the Ciprofloxacin leaflet at qrcode.ciprofloxacin or by scanning the QR code at the top of the page.