

## OSTEOPOROSIS COMMUNICATION

**To:** Caroline Sunderland, Osteoporosis Nurse Specialist,  
Laidlaw Day Hospital, St Mary's Hospital, Newport  
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The patient identified below has been referred to you, as part of this service, for the purpose of considering a bone density scan.

**Name of Pharmacy:** \_\_\_\_\_

**Pharmacy address:** \_\_\_\_\_  
\_\_\_\_\_

**Pharmacy telephone:** \_\_\_\_\_

**Pharmacy Patient: Identifier:** \_\_\_\_\_

**NHS patient number:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**This patient is currently receiving treatment with high dose steroid and is not taking calcium supplements or a bisphosphonate.**

**If you cannot trace this patient on your system from the identifiers supplied, please contact the participating Pharmacy on the telephone number provided.**

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**Kevin Noble MRPharmS, Community Pharmacy Lead**  
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