

Date Received		Staff Inits	
Date passed to GP		GP Name	
Date Completed		Staff Inits	

MONTHLY PRESCRIPTION REQUEST ORDER FORM FOR GLUTEN FREE FOODS

Please complete this order form every month (see pages 2 and 3) and hand in to the GP practice reception. You will need to indicate how much of each product is required and how many units this corresponds to.

E.g Longlife bread (1x400G) = 1 unit. If the quantity required is 4 x 400g then total units - 4

Pasta (1x500g) = 2 units. If the quantity required is 2 x 500g then total units = 4

Use the totals box at the end of page 3 to calculate the total number of units requested. This should not exceed the recommended monthly units for your patient group as per Coeliac UK guidance (shown in the table below). If your requirements are greater please contact your GP.

Patient Name:	
Date of Request:	
Date of Birth	
Age:	Sex:
Monthly Allowance (refer to table below):	

RECOMMENDED MONTHLY UNITS PER PATIENT GROUP	
Age Group	No of Units per Month
1-3 years	10
4-6 years	11
7-10 years	13
11-14 years	15
15-18 years	18
Male, 19-59 years	18
Male 60-74 years	16
Male 75+ years	14
Female 19-74 years	14
Female 75+ years	12
Breastfeeding	Add 4 units
3rd trimester pregnancy	Add 1 unit

