

Direction to administer (DA) form for administration of Hydroxocobalamin injection (Vitamin B12)

Patient Name:		MEDICINE ALLERGIES	<p>Write a new direction to administer form if any changes are made.</p> <p>This form is valid for one year</p>
Patient Address:			
Date of Birth:			
NHS Number:			
<small>(or affix patient sticker)</small>		MUST be completed by prescriber	

This form below is prepopulated and can be amended. Prescribers are responsible for form content based on their clinical decision.

MEDICINE	ROUTE	DOSE	FREQUENCY	REVIEW DATE
Hydroxocobalamin 1mg/1ml solution for injection ampoules	Intramuscularly	1mg	Every 3 months	

Prescriber Name _____ GMC/NMP Registration Number _____ Date and time _____

Electronic copies do not require a wet signature.

For paper copies only (if access to patient record in SystmOne is not available)

Prescriber signature _____ Prescriber organisation _____

****Please cross through any unused lines in the table above if using a paper copy****