



**Department of Health and Wellbeing
Stop Smoking Service
5th Floor, Britannia House
Broadway
Bradford
BD1 1HX**

**Tel: 01274 437700
Fax: 01274 438858**

Date:

Dear Doctor.....

Bupropion – Second Prescription Request

I am continuing to support this client in her/his quit attempt

Client name:.....Date of birth.....

Address:..... .Postcode:.....

Quit date:..... Current CO level.....

S/he is making good progress

Please issue a prescription for second half of the course – 60 tablets, 150 mg BD (or 150mg OD)

Please ensure that a further blood pressure reading has been recorded in line with the bupropion SPC – see <http://www.medicines.org.uk/emc/medicine/2948>

Comment:

Thank you for your cooperation

Advisor Contact Details :