Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Request for Same Day/Next Day Monitored dosage system (MDS)

Patient Name: _____

NHS number of patient receiving the MDS: _____

Ward discharged from:_____

New MDS ☐

Existing MDS by regular pharmacy ☐ Existing MDS by alternative pharmacy ☐

Name, address, and telephone number of community pharmacy providing the MDS:

_____

_____

_____

_____

_____

_____

_____

MDS agreed to be prepared by: Date _____ by 1pm ☐ by 5.30pm ☐

Name of Hospital Pharmacist/Technician: _____
Position Held: _____

Authorised by (AFC band 8a or above): _____

Signed: _____ Date:_____

****Please give this form to Purchasing Office Staff once it has been faxed****

For purchasing office use only	
MDS booked out by:	Date:

To the Community Pharmacist:
To aid processing, please attached this form when you make your claim