

GP Name:

Date: __ / __ / ____

Surgery Name and Address:

Dear Dr _____

Re: My vital hormone prescription(s)

My name:		My date of birth:	
My NHS number:		My phone number or email:	
My endocrinologist's name:		The hospital my endocrinologist works at:	

I have a **diagnosed pituitary condition** that is treated with the following essential hormone medication(s): *(tick all that apply)*

Desmopressin

Testosterone

Levothyroxine

Oestrogen

I am writing to ask that you **please increase my repeat prescription length for these medicines to 84 days.**

These changes are important to allow me to:

- Have 'spare' medicine in case any is damaged or lost
- Have enough medicine to last through any shortages or supply issues

In the case of desmopressin, this request is particularly important as this is a life-sustaining medication, so having an adequate supply is necessary. This request is supported by The Pituitary Foundation's expert Medical Committee.

Thank you for helping me with this request. I have also shared a copy of this letter with my endocrinologist.

Kind regards,

Name:



Scan for more information
on this letter

The Pituitary Foundation is the UK's leading charity for people with pituitary conditions. This letter is endorsed by the Society for Endocrinology.