

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

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

**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\*\***