To: Dr .......................................................................................................................................................

Re: Patient name .....................................................................................................................................

Date of birth: .................................................. NHS number: ..................................................................

Date of test: ..............................................................................................................................................

This patient recently received testing for streptococcus A in the throat at the pharmacy.

The test indicated:

* The patient has streptococcus A present in the throat
* The patient does not have streptococcus A present in the throat

The patient has been provided with advice on self-management of the condition and has been referred for you to make a decision about whether to provide further treatment.

Notes:

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Kind regards

Pharmacy stamp:

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Pharmacist: ...............................................................

Telephone: ................................................................