

Appendix 1 – Letter Template



Ein cyf/Our ref:

Gofynnwch am/Please ask for:

Rhif Ffôn /Tel:

Ffacs/Facsimile:

E-bost/E-mail:

Dyddiad/Date:

Date:.....

GP surgery.....

We are caring for your patient.....

DOB.....

They are weeks pregnant and requires a repeat prescription for three months supply aspirin tablets, 150mg OD. The initial 3 months supply has been supplied by the midwifery and obstetric team. The following risk factors for low dose Asprin in pregnancy have been identified

Many Thanks

Antenatal Clinic Midwife/Consultant Obstetrician