

PRESCRIPTION REQUEST FORM for RENAVID in DIALYSIS PATIENTS

<u>PATIENT DETAILS</u>	
Name	GP.....
Address	Address
.....
Post Code
Tel No	Tel
DOB	Fax No
Case note No.....	
NHS No	Consultant

Dietetic assessment found an insufficient intake of water soluble vitamins to meet nutritional requirements due to:

- Patient is on haemodialysis and is at risk of micronutrient deficiencies
- dietary restrictions (low potassium diet)
- poor oral intake and not on nutritional supplements
- poor oral intake; onsupplements, which do not contain any additional vitamins

Best practice guidelines in Europe and the UK recommend that patients receiving dialysis are given supplementation with water soluble vitamins. Renavit allows several key vitamins to be given as a single tablet. This reduces tablet burden for patients who are often on a large number of tablets.

Please prescribe the following ACBS approved medication:

RENAVIT one tablet daily

This product is indicated for the dietary management of water soluble vitamin deficiency in patients with renal failure receiving dialysis.

Please prescribe for the duration of:

Further follow-up arrangements:

Renal Dietitian (print) **Signature**

HPC registration number.....

Contact Tel No **Date**