# Shared Care Acceptance (primary care prescriber to specialist)

Date [insert date]

Dear [insert specialist's name]

Patient name: [insert patient's name]

Date of birth: [insert date of birth]

NHS Number: [insert NHS Number]

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment.

|  |  |  |
| --- | --- | --- |
| **Medicine** | **Route** | **Dose & frequency** |
| [insert medicine name] | [insert administration route] | [insert dose and frequency] |

I can confirm that I am willing to take on this responsibility from [insert date] and will complete the monitoring as set out in the shared care guideline for this medicine/condition.

Yours sincerely,

[insert primary care prescriber's name]

[insert primary care prescriber's role]

***Electronically signed***

**Reference**

This letter has been adapted from the Regional Medicines Optimisation Committee’s (RMOC) shared care template letter which is accessible here:  <https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/>