**Discharge Medicines Service Recording Sheet**

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| --- | --- | --- | --- | --- |
| **Patient Name** | **Stage 1 Completed** | **Stage 2 Completed** | **Stage 3 Completed** | **Entered on MYS to Claim** |
|  | **DATE/Signature** | **DATE/Signature** | **DATE/Signature** | **DATE/Signature** |
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This form is to support your pharmacy to deliver the process and recording and claiming of DMS.

* DMS is an Essential Service in the NHS Pharmacy Contract and **MUST** be completed.
* At all times ensure you follow your SOP and/or Company process
* Monitor PharmOutcomes and NHS Mail for referrals.
* Ensure **all 3 Stages** of DMS are completed to comply with your terms of Service.
* Stage 1 - **MUST** be completed within 72 Hours (excluding hours of days when pharmacy closed) of

Receipt of referral.

* Stage 2 – Remember to monitor for the First Prescription post discharge.
* Stage 3 – Have the conversation with the patient and/or their carer.
* **IMPORTANT** – Transfer completed DMS to MYS to claim for payment.