Appendix 1. Patient-delivered partner therapy (PDPT) template

*Insert as a letter template into your electronic medical record for easy access and use.*

|  |  |
| --- | --- |
|  | [GP name]  [GP provider number]  [GP full address]  [GP phone] |
|  |  |
| **Partner name** | [Insert the first and last name of patient partner] |
| **Address** | [Insert address] |
|  |  |
| **Email address** | [Insert the email] |
| **Mobile number** | [Insert the mobile number] |
|  |  |
|  |  |
| **Medication name and dose** | Azithromycin 1 g orally |
|  |  |
| **Signature** |  |
| **Date** | [insert date] |
|  |  |

**[Note: Jurisdictional requirements for issuing a prescription for PDPT vary. Please familiarise yourself with your specific jurisdictional requirements. Some states provide clear guidance regarding the details required. In Victoria, the full name and address is required for the prescription. In New South Wales, the full name and at least one of the following is required: address, email address or mobile number.]**

*Prescriptions issued in this manner are private prescriptions and not funded by the Pharmaceutical Benefits Scheme (PBS). This may have implications for healthcare card holders.*