

Date __ / __ / __

Patient name: _____

Date of birth: _____

Address: _____

Dear Doctor,

The above patient has been diagnosed with a swallowing difficulty whilst in hospital at _____.

To help with this diagnosis the patient has been prescribed a modified consistency diet which includes **Nutilis Powder** – a food and fluid thickener – which is added to his/her food and drinks.

Please will you prescribe _____ tins of **Nutilis Powder 300g** for him/her in the community until he/she has been seen for a dysphagia review by a Speech and Language Therapist.

Since usage instructions are specific to **Nutilis Powder** it should not be substituted for other thickening powders, unless alternative instructions are given by a Speech and Language Therapist.

The Dietitian/Clinical Nutritionist will have advised the patient with regard to thickening of oral nutritional supplements as required.

If you have any queries please do not hesitate to contact me at the numbers below:

Speech and Language Therapist: _____

Contact number: _____