



Date

Fax N°

F.A.O.

From

Re: Home Detox for

DOB

I have assessed the above named patient to be suitable for a supervised home detox from alcohol.

If you agree that he/she is medically fit for this detox please prescribe:

- Thiamine 50 mg qds for seven days
- Vitamin B Co Strong 2 tablets per day for seven days
- Chlordiazepoxide 74 x 5mg tablets

	Morning	Lunch	Tea	Night
Day 1	20mg	20mg	20mg	20mg
Day 2	20mg	20mg	20mg	20mg
Day 3	20mg	20mg	20mg	20mg
Day 4	15mg	15mg	15mg	15mg
Day 5	10mg	10mg	10mg	10mg
Day 6	5mg	5mg	5mg	5mg
Day 7	5mg			5mg

Additional significant information:

The detoxification will commence on
 I have asked the patient to collect the prescription on

Please contact me on _____ if you have any queries or concerns.

Yours sincerely,

Alcohol Linkworker

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 1 Campion Walk, Beswick
 Manchester, M11 3RS
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882 1300
 Mawdesh Haje