

## Letter 2: Dietetic Discharge on Hypoallergenic Formula Letter

GP  
(sent via email)

Department of Nutrition & Dietetics  
Address

Date: xxx

### Request for prescription review by GP or pharmacist

Dear Colleague

<b>Reason for referral</b>	Suspected/ Confirmed IgE/non-IgE cow's milk allergy
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#### Summary of consultation

Unfortunately, I was unable to contact this patient's parent/carer for their scheduled appointment.  
OR

This patient has not attended 2 scheduled appointments due to parent/guardian cancellation.

They have been discharged from the clinic. Should their parent/guardian wish for support from our service, they should contact their GP.

#### GP Actions (recommendations based on SEL guideline for management of CMA)

This patient currently has a prescription for (state product name)  
(Delete as appropriate)

- This patient does not have a confirmed diagnosis of non-IgE CMA therefore, according to SEL Guidelines, their prescription for hypoallergenic formula should be discontinued.
- Patient is >14 months old, please discontinue their prescription for hypoallergenic formula.
- Patient is 12-14 months, please advise transition onto shop-bought plant based milks and discontinue prescription for hypoallergenic formula at 14 months.
- patient is <12 months, please advise on milk free diet, transition onto shop-bought plant based milks at 12 months, milk ladder and discontinue prescription for hypoallergenic formula at 14 months.

If there are any concerns regarding growth and dietary intake – please re-refer to dietetics.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

(Name)

Paediatric Dietitian

Cc:

**Private and Confidential**

Parent/ carer of

**Approval date:** May 2022

**Review date:** May 2024 (or sooner if evidence or practice changes)

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