PRESCRIBER	PATIENT:
Name:	Name:
Ward: NHI:	
_acosamide	
INITIATION	
Re-assessment required after 15 months Prerequisites (tick boxes where appropriate)	
	ent has experienced unacceptable side effects from, optimal treatment with all of the etam, and any two of carbamazepine, lamotrigine, and phenytoin sodium (see Note)
	nytoin sodium, sodium valproate, or topiramate. Those who can father children are not
CONTINUATION	
Prerequisites (tick box where appropriate)	
 Patient has demonstrated a significant and sustained important starting lacosamide treatment 	provement in seizure rate or severity and/or quality of life compared with that prior to

I confirm that the above details are correct:

C:	D-1	
Signed.	Date:	
Oigilica.	 Duic.	