<Today's date>

**RE:** Melatonin 1mg in 1ml oral solution (KidMel®)

**Name:** <Patient Name>

**NHS No:** <NHS number>

**DOB:** <Date of Birth>

**To whom it may Concern**

Request for use of melatonin 1mg in 1ml oral solution (KidMel®)

We are aware that there is a licensed pharmaceutical preparation of melatonin 1mg in 1mL oral solution; however, we are requesting supplies of Kidmel® melatonin 1mg in 1mL alcohol free oral solution to meet the special clinical needs of this patient as we are more satisfied with the excipient profile of this product in terms of appropriateness for use in children. Yours sincerely

<Your Name>

<Your Details>