

FORTH VALLEY PHARMACY SERVICES

REQUEST TO ADD A GLUTEN FREE FOOD PRODUCT TO THE FORTH VALLEY GLUTEN FREE FOOD LIST

This form should be completed by the **COMMUNITY PHARMACIST** to request the inclusion of a Gluten Free Food product in the Forth Valley Gluten Free Food List.

The completed form should be forwarded to: Pharmacy Project Support Manager, Pharmacy Office, Falkirk Community Hospital, Westburn Avenue, Falkirk, FK1 5QE, Fax No. 01324 673616.

Part A: Requestor Details	
Community Pharmacist Name:	Date:
Community Pharmacy Name:	
Address:	
Contractor Code:	

Part B: Gluten Free Food Item Details		
Name:		
Pharmacy ordering code (PIP Code):	No of units (if known):	Manufacturer Details:

Part C: Reason for requesting inclusion in Forth Valley Gluten Free Food List
Reason for request:

Part D: Pharmacy/Dietetic Use
Price (include VAT) – per pack size:
Comment:
For inclusion: YES/NO
Signature: