

Unscheduled Care PGD – Individual Authorisation Completion Notes

1. Ensure you are completing the current version number

Note to Authorising Authority: authorised staff should be provided with access to the clinical content of the PGD and a copy of the document showing their authorisation.

I have read and understood the Patient Group Direction and agree to provide these medicines, appliances and ACBS products only in accordance with this PGD version 24.

2. Please use the Forth Valley Contractor Code of the pharmacy you most frequently work in – if you do not have a frequent Contractor Code, enter 'Forth Valley' and tick 'Locum' in the boxes below

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 3 HB areas please use additional forms.)

Name & Contractor code HB (1) _____

Name & Contractor code HB (2) _____

3. Tick one box as requested

Please indicate your position within the pharmacy by ticking one of the following:

Locum

Employee

Manager

Owner

4. Sign and date

Signature _____

Date _____