

**PROVISION OF COMMUNITY PHARMACY CARE HOME SERVICE**

**CONTRACT**

**CONTRACTOR CODE** \_\_\_\_\_

**NAME OF PHARMACY** \_\_\_\_\_

**PHARMACY ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Pharmacy agrees to participate in the Community Pharmacy Care Home Service in accordance with the guidance set out in the Provision of a Community Pharmacy Care Home Service Specification. In respect of the following Care Home:

**CARE HOME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF BEDS** \_\_\_\_\_

**Signature** \_\_\_\_\_  
(Pharmacist Signature)

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Completed Contract should be returned FAO:- Carol Droubay, Pharmacy Contracts Officer, NHS Forth Valley, Suite 2, Carseview House, Castle Business Park, Stirling, FK 4SW.**