Primary Care Contractor Services

NHS Forth Valley

Monthly Audit and Claim for OD/Naloxone Support & Provision

Monthly Claim Form for Period:

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Pharmacy Stamp

I hereby claim for training/issue for OD/naloxone and/or reimbursement for naloxone kits ordered:

Number of Training sessions delivered *_______________ @ £10 ______________________

Number of Kits Issued * ______________________ @ £10 ______________________

Number of Kits ordered (invoice attached) __________ @ £18 ______________________

*** Copy of Naloxone Training & Supply Record(s) attached**

Pharmacists Name: ____

Pharmacists Signature: ____

Date: ____

NB: Individual Contractors may be asked to provide evidence of providing the Service

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For Primary Care Contractor Services Use

TOTAL PAID ________________________________

Authorised ____ **Date** _____________________________

PLEASE RETURN CLAIM FORM TO: Carol Droubay, Pharmacy Contracts Officer, Primary Care Contractor Services, NHS Forth Valley,Suite 2, Carseview House, Castle Business Park, Stirling, FK9 4SW.

December 2013