

COMMUNITY PHARMACY CLOZAPINE SERVICE

CONTRACT

CONTRACTOR CODE _____

NAME OF PHARMACY _____

PHARMACY ADDRESS _____

The Pharmacy agrees to participate in the Community Pharmacy Clozapine Service in accordance with the guidance set out in the attached Specification.

Signature _____
(Pharmacist Signature)

Date _____

Print Name _____

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