

|  |  |
| --- | --- |
| **NAME** | **Joanna Donaldson** |
| **WHICH LOCALITY DO I COVER?** | **South East** |
| **MY USUAL PLACE OF WORK** | **Stockbridge Pharmacy** |
| **MY CONTACT DETAILS ARE**  | **joanna.donaldson1@nhs.net****07866458103** |
| **THE PMR SYSTEM THAT I KNOW MOST ABOUT IS** | **Proscript** |
| **MY SPECIAL INTERESTS ARE (include details of IP clinics here)** | **Independent Prescriber - run anticoagulation clinic** |