**Appendix 1**

**Provision of Doxycycline for Treatment of Chlamydia Infection or NGU**

|  |  |
| --- | --- |
| **Pharmacy Name** |  |
| **Address** |  |
| **Contractor Code** |  |

**I agree that the pharmacy will deliver the Provision of Doxycycline for Treatment of Chlamydia Infection or NGU in accordance with the attached service specification.**

|  |  |
| --- | --- |
| **Responsible Person** |  |
|  **Responsible Person’s Signature** |  |
| **Date** |  |

Please return signed forms by post to:

Contracts Support Officer

Primary Care Contracts Organisation

NHS Lothian

Waverley Gate

2-4 Waterloo Place

Edinburgh

EH1 3EG

Or by e-mail to:

CommunityPharmacy.Contract@nhslothian.scot.nhs.uk