

## Community Pharmacy Opioid Overdose Campaign Naloxone Kit Reimbursement Form

<b>Contractor Name</b>	
<b>Contractor Address</b>	
<b>Contractor Code</b>	

<b>Date Ordered</b>	
<b>Wholesaler</b>	
<b>Product</b>	<b>Prenoxad®</b>
<b>Quantity</b>	<b>1 x 2mg/2ml pre-filled syringe</b>
<b>Cost</b>	<b>£18</b>

**Counter Fraud Declaration:** I accept that the information provided on this form accurately reflects activity during the timescale described. I further accept that the information provided may be used to calculate future payment levels and may be shared with other bodies/agencies for the purposes of prevention and detection of crime and future service planning. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings.

**Signature of Pharmacist:** ..... **Date:** .....

**Please return to the address below:**

Sharon Dolan, NEX Administrator, Addiction Services, Festival Business Centre  
1<sup>st</sup> Floor, Room F4, 150 Brand Street, Glasgow, G51 1DH

Fax: 0141 303 8957

Email: [Sharon.Dolan@ggc.scot.nhs.uk](mailto:Sharon.Dolan@ggc.scot.nhs.uk)

**FOR NHS USE ONLY**

**Payment Amount** .....

**Approver Signature** .....

**Date** .....