

NHS Greater Glasgow & Clyde
Community Pharmacy Provision of Directly Acting Antivirals
Patient Treatment Notification

Patient Name: _____
Address: _____
Telephone/Mobile: _____
CHI Number: _____

Treatment Schedule

Drug	Dose	Treatment Start Date	Treatment Course (wks)	Supervised Y/N	Comment

Specialist Clinic

Clinic: _____
Contact: Pharmacy HCV Team: 211 (5)3367

Community Pharmacy

Community Pharmacy: _____
Contractor Code*: _____
Contact Name*: _____
Telephone Number*: _____

Enquiry Contact Details

Clinical Enquiries: Hospital Pharmacy Hepatitis C Team: 0141-211-3367
Other Enquiries: Community Pharmacy Development Team: 0141-201-6046
E-mail: ggc.cpdevteam@nhs.scot

* Provided by the CPDT