

OUT OF HOURS SERVICE

Removal from 24 Hour Emergency Dispensing Scheme

PLEASE NOTE: Palliative Care Network pharmacies are required to take part in the service as part of their Service Level Agreement.

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| PLEASE COMPLETE IN BLOCK CAPITALS | |
| Community Pharmacy Stamp or Address: | |
| Contractor Code: | |
| Emergency Contact Tel No. Provided: | |
| Brief details of reason for withdrawing from service: | |

Contractor/Contractor Representative Name:

Signature: **Date:**

Form to be returned to: ggc.cpdevteam@nhs.scot