

## ANTIVIRAL SUPPLY PROFORMA

Name of patient:	
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Address of patient (including post-code):	
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CHI number:	
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Date of supply:	
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Delivery Mileage (please include return journey):	
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Molnupiravir				
Paxlovid ®	Standard Dose	<input type="text"/>	Reduced Dose	<input type="text"/>

Contractor Code:	
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Pharmacy stamp:	
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Please return a proforma for each patient supplied **before 10am each Monday morning for any supplies you have made in the previous week (Mon to Sun)**  
**to: [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)**