

Wound Care Service Claim Form

Pharmacy Name and Address	Contractor Code

	Number	Total Cost
Number of consultations with treatment issued @ £20 per consultation		
Name of pharmacist making claim		
Signature or GPC number of pharmacist		
Date		

Please complete this form on a monthly basis and return by e-mail by 5th of each month to:
Fife.fifepharmacycommpharm@nhs.scot

For Office use Only

Authorised for payment pharmacy services by	
Date	