

## **Patient Group Direction**

### **Agreement by Practitioner**

#### **Supply of Trimethoprim 200mg by Community Pharmacists**

I have read and fully understood the following documents:

- The Patient Group Direction NPGD 22 223 Trimethoprim 200mg by Community Pharmacists

I agree to act as a practitioner within the terms of the Patient Group Direction.

#### **Approved Practitioner:**

Name: ..... (Capitals)

Signature: .....

GPhC Reg No : .....

Pharmacy Name & Address (or home address if a locum)

.....

.....

Contractor Code : .....

Date: .....

NHS Ayrshire & Arran accepts vicarious liability for the practitioner acting under the terms of this Patient Group Direction.

Please return to: [aa.cpteam@aapct.scot.nhs.uk](mailto:aa.cpteam@aapct.scot.nhs.uk)