

NHS AYRSHIRE AND ARRAN

Agreement by Practitioner

Supply of Levonorgestrel 1500mcg by Community Pharmacists

I have read and fully understood the following documents:

- The Patient Group Direction: CP 23 092 Levonorgestrel 1500mcg by community pharmacists

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

Approved Practitioner:

Name: _____ *(Print name)*

Signature: _____

GPhC Reg No: _____

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

Contractor Code: _____

Date: _____

NHS Ayrshire and 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