SPECIFICATION OF REQUIREMENTS for DISPENSING AND SUPPLY OF STOMA APPLIANCES TO PATIENTS IN THE COMMUNITY FOR NHS SCOTLAND

Applicable from: 1st July 2018

I ............................................................ hereby confirm I am a duly authorised representative of ................................................... and that I have all necessary authority to sign this document on behalf of....................................**.** On behalf of ................................., I hereby confirm that .......................................................... accepts that its appointment to the list of authorised Stoma service suppliers shall be subject to ........................................ meeting and continuing to meet the standards and procedures set out in this document relating to the supply of Stoma Products, Stoma Appliances and associated services to patients, and ........................................... agrees to abide by the terms of this document in such supply.

Date:

Signed by:

Print Name:

Designation:

Address of Premises to be used as the “Despatch Address Point”.

Stoma Service Supplier Name: ………………………………………………………………….

Contractor code: ...................................................................

Address Line 1: ……………………………………………………….

Address Line 2: ……………………………………………………….

Address Line 3: ……………………………………………………….

Post Code: ………………………….. Tel No.: ………………………………..

Contact Name: …………………………………………

Position: …………………………………………………

Email Address: …………………………………………

Note: One signed docket is required for each Despatch Address Point

Return Address:

Community Pharmacy Development Team, Pharmacy Services, Clarkston Court, 56 Busby Rd, Clarkston, Glasgow G76 7AT

E: ggc.cpdevteam@nhs.scot