# Patient Group Direction

## Agreement by Practitioner

##### Supply of Azithromycin 250mg by Community Pharmacists

I have read and fully understood the following documents:

##### The Patient Group Direction CP 23 011 Azithromycin 250mg 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)

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…………………………………………………………………..

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)