# Patient Group Direction

## Agreement by Practitioner

##### Supply of Levonorgestrel 1500 micrograms tablet by Community Pharmacists

I have read and fully understood the following documents:

##### The Patient Group Direction CP 25 092 Levonorgestrel 1500 micrograms tablet 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**