

Palliative Care Scheme Claim Form for Expired Drugs

In order to receive payment, please complete each section of the claim form and return to:
**Maggie Brown, Palliative Care Scheme, Medicines Management Team, Lockton House,
 Clarendon Road, Cambridge, CB2 8FH Fax: 01223 725401**

Please ensure that you write clearly.

Pharmacy name and address:

Drug and form that is going out of date	Quantity	Exp. date	Cost
Cyclizine injection 50mg/ml	10 x 1ml amps		
Dexamethasone Injection 8mg in 2ml (Decadron)*	10 x 2ml amps		
Dexamethasone tablets 500microgms*	50 tablets		
Dexamethasone tablets 2mg	50 tablets		
Diamorphine injection 5mg	5 x 1ml amps		
Diamorphine injection 10mg	10 x 1ml amps		
Diamorphine injection 30mg	10 x 1ml amps		
Diazepam rectal tubes 10mg (Stesolid)	1 x 5 10mg tubes		
Diclofenac Sodium Injection 75mg in 3ml (Voltarol)*	10 x 3ml amps		
Diclofenac Suppository	10x100mg		
Haloperidol Injection 5mg in 1ml (Serenace)	5 x 1ml amps		
Hyoscine butylbromide injection 20mg in 1ml (Buscopan)	10 x 1ml amps		
Hyoscine hydrobromide sublingual tablets 300microgms (Kwells)*	1 pack		
Glycopyrronium injection	10 x 1ml amps		
Water for injection	30 x 10ml amps		
Sodium Chloride 0.9% injection	10 x 10ml amps		
Levomeprazine injection 25mg in 1ml (Methotrimeprazine Nozinan)	10 x 1ml amps		
Lorazepam 1mg tablets (Genus Brand – as dissolve under tongue)	1x 28		
Metoclopramide injection 10mg in 2ml	10 x 2ml amps		
Midazolam injection 10mg in 2ml (Hypnovel)	10 x 2ml amps		
Morphine sulphate tablets 10mg and 20mg*	56 x 10mg, 56 x 20mg		
Morphine sulphate oral solution 10mg in 5ml	3 x 100ml		
Morphine sulphate modified release tablets 5mg, 10mg and 30mg	60 x 5mg, 60 x 10mg, 60 x 30mg		
Morphine sulphate injection 10mg/ml*	5 x 1ml amps		
Oxycodone liquid 5mg in 5ml	1 x 250 ml bottle		
Oxycodone Injection 10mg/ml	5 x 1ml amps		
Scopaderm patches Hyoscine*	1 x box		
Total			

*Indicates drugs from 2008/09 list

I confirm the drugs I have indicated above are due to expire on the dates that I have given.

Pharmacist signature _____ **Pharmacist Name** _____