

Pharmacy Stamp

### NOT DISPENSED SCHEME – CLAIM FORM

- For payment to be passed each entry MUST be accompanied by the unique prescription number found at the bottom of each FP10. Failure to provide this number will invalidate that claim.
- Claim forms must be submitted monthly and must include at least three not dispensed items to qualify for payment.

**PLEASE WRITE CLEARLY**

Patient Name	Patient Date of Birth	Patient consent* Y / N	Date	GP Practice	Medication <i>(Please state name and strength)</i>	Quantity	Reason for not dispensing <i>(see codes below)</i>	Prescription No.	Payment PCT USE ONLY
* patient consent to be obtained for sharing information with the PCT and patient's GP practice									TOTAL:

**CODES:**    **E:** item ordered in error            **M:** surgery prescribed by mistake            **N:** item no longer required but still appearing on prescription  
**H:** hoarding – patient has built up supplies at home            **O:** Other – please state reason

I declare that the above items were presented on FP10 prescriptions and were not dispensed **after consultation with the patient or carer**. In each case the prescription form was annotated with the words "Not Dispensed" against each item and no supply was made.

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**Please return forms to:** Maggie Brown, Medicines Management Team, Lockton House, Clarendon Road, Cambridge, CB2 8FH or fax 01223 725401

**FOR PCT USE ONLY:**                      **Authorised by:**                      **Date:**                      **Fee:**  
   **Follow up in practice by:**                      **Date:**