

**Not Dispensed Scheme
Contractor Engagement Form**

On behalf of

Community Pharmacy: _____

Address: _____

We wish to participate in the Cambridgeshire PCT Not Dispensed Scheme. We have read and agreed to comply with the requirements of the scheme and submit monthly claim requests.

Signed: _____

Date: _____

<p>PLEASE RETURN TO: Medicines Management Team, Lockton House, Clarendon Road, Cambridge, CB2 8FH. Fax: 01223 725401</p>
