

NRT VOUCHER FOR COMMUNITY PHARMACY SUPPLY

CLIENT: Please take this form to a participating pharmacy (see below) within **TWO WEEKS** of initial consultation to obtain your NRT product and complete the prescription charge/exemption information overleaf

SMOKING ADVISOR: Please **FULLY** complete the information below and sign and date the voucher

Client Name:	Practice stamp:
Client Address:	

Product	Dose	Quantity	State prescription charge paid if applicable*	PCT USE ONLY	
				NRT cost	Fee due**
GUM	2mg <input type="checkbox"/> 4mg <input type="checkbox"/>	2x210 <input type="checkbox"/>			
PATCH 16 hour	15mg <input type="checkbox"/> 10mg <input type="checkbox"/> 5mg <input type="checkbox"/>	28 <input type="checkbox"/>			
PATCH 24 hour	21mg <input type="checkbox"/> 14mg <input type="checkbox"/> 7mg <input type="checkbox"/>	28 <input type="checkbox"/>			
Nasal Spray	0.5mg <input type="checkbox"/>	4 x 10ml <input type="checkbox"/>			
Inhalator	10mg cartridge <input type="checkbox"/>	8 x 42 <input type="checkbox"/>			
Sublingual tablet	2mg <input type="checkbox"/>	4x105 <input type="checkbox"/>			
Lozenge	2mg <input type="checkbox"/> 4mg <input type="checkbox"/>	6x72 <input type="checkbox"/>			

* ONE prescription charge should be paid per item for each 4 week cycle of NRT if applicable and charge information overleaf completed
 ** £1 fee paid for each item dispensed

PAYMENT:

1st voucher __/__/__ 2nd voucher __/__/__

Stop Smoking Advisor signature:	Date:	Contact number:
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PHARMACY STAFF: Please supply NRT as directed above, complete information below and return voucher for payment

I confirm that the NRT requested above was supplied to the above client.

Pharmacist signature:	Date:
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Pharmacy Name/Address/Stamp:	Please return completed forms to: Medicines Management NHS Cambridgeshire Lockton House Clarendon Road Cambridge CB2 8FH
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PCT authorisation:

Date:

Code:

PRESCRIPTION CHARGE/EXEMPTION INFORMATION

To the client: Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

Part 1	The patient doesn't have to pay because he/she:	
A	<input type="checkbox"/>	Is under 16 years of age
B	<input type="checkbox"/>	Is 18 years of age and in full-time education
C	<input type="checkbox"/>	Is 60 years of age or over
D	<input type="checkbox"/>	Has a valid maternity exemption certificate
E	<input type="checkbox"/>	Has a valid medical exemption certificate
F	<input type="checkbox"/>	Has a valid prescription prepayment certificate
G	<input type="checkbox"/>	Has a War Pension exemption certificate
L	<input type="checkbox"/>	Is named on a current HC2 charges certificate
H	<input type="checkbox"/>	Gets Income Support (IS)*
K	<input type="checkbox"/>	Gets Income-based Jobseeker's Allowance (JSA (IB))*
M	<input type="checkbox"/>	Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate*
S	<input type="checkbox"/>	Has a partner who gets Pension Credit guarantee credit (PCGC)*
* If benefit or tax credit is paid to your partner or someone else for you, give their details here:		
Declaration For patients who do not have to pay	I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities. Now sign and fill in Part 3	
Part 2	I have paid <input style="width: 50px;" type="text" value="£"/>	Now sign and fill in Part 3
Part 3	Cross ONE box I am the patient <input type="checkbox"/> patient's representative <input type="checkbox"/>	
Sign here:	<input style="width: 150px; height: 20px;" type="text"/>	Date / /

LIST OF PARTICIPATING PHARMACIES

CAMBRIDGE AREA

Asda Pharmacy, Beehive Centre, Coldhams Lane
 Boots the Chemist, 39a High St, Cherry Hinton
 Boots the Chemist, 68 Chesterton Rd
 Boots the Chemist, 237 Cherry Hinton Rd
 Boots the Chemist, Newmarket Rd
 Boots the Chemist, The Grafton Centre
 Boots the Chemist, 28 Petty Cury
 Boots the Chemist, 37 Woollards Lane, Gt Shelford
 Boots the Chemist, 25 High St, Sawston
 Co-operative Pharmacy, 1 Station Rd, Histon
 Davies Pharmacy, 50 Hills Rd
 Ditton Pharmacy, 37 Ditton Lane
 Kumar Pharmacy, High St, Cherry Hinton
 Lloyds Pharmacy, 30 Trumpington St
 Numark Pharmacy, 2 Adkins Corner, Perne Rd
 Petersfield Pharmacy, 56 Mill Rd
 Superdrug Pharmacy, 38 Fitzroy St
 Superdrug Pharmacy, 59 Sidney St
 Tesco, 15-18 Viking Way, Bar Hill
 Waterbeach Pharmacy, 6 Chapel St, Waterbeach
 Willingham Pharmacy, 52 Long Lane, Willingham

EAST CAMBS AND FENLAND

Boots the Chemist, 6-8 Market St, Ely
 Boots the Chemist, 98 Norfolk St, Wisbech
 Boots the Chemist, 10 Queen St, Whittlesey
 Boots the Chemist, Syers Lane, Whittlesey
 Boots the Chemist, 17 Old Market, Wisbech
 Boots the Chemist, 8 De Havilland Rd, Wisbech
 Boots the Chemist, 15 The Horsefair, Wisbech
 Boots the Chemist, 17-19 Broad St, March
 Boots the Chemist, 23 Marylebone Rd, March
 Haddenham Pharmacy, 1 Station Rd, Haddenham, Ely
 Lloyds Pharmacy, 22-24 High St, Chatteris
 Lloyds Pharmacy, Swan Drive, New Rd, Chatteris
 Rowlands Pharmacy, Landsdowne Rd, Yaxley
 Tesco Pharmacy, 2 Hostmoor Ave, March
 Tesco Pharmacy, Angel Drove, Ely
 Tesco Pharmacy, Sandown Road, Wisbech,

HUNTINGDONSHIRE

Acorn Pharmacy, The Oaktree Centre, Huntingdon
 Boots the Chemist, 42 High St, Huntingdon
 Boots the Chemist, 33 High St, St Neots, Huntingdon
 Landsdowne Pharmacy, 5-6 Landsdowne Rd, Yaxley
 Little Paxton Pharmacy, 7 Parkway, Little Paxton, St Neots
 Tesco In-store Pharmacy, Abbots Ripton Rd, Huntingdon

Sainsbury's Pharmacy, Nursery Rd, Huntingdon
 Tesco In-store Pharmacy, Barford Rd, St Neots
 Lloyds Pharmacy, Stocking Fen Rd, Ramsey
 Lloyds Pharmacy, 20 Great Whyte, Ramsey
 Lloyds Pharmacy, 23 Huntingdon St, St Neots