Submit this claim at least monthly to:Pharmacy Purchasing Office, Pharmacy Department, Doncaster Royal Infirmary, Thorne Road, Doncaster, DN2 5LT

## PROVISION OF MONITORED DOSAGE

Claims for (month)

**CLAIM FORM** 

2013

SYSTEMS AT DISCHARGE FROM HOSPITAL

Claim	Patient	Postcode	Hospital / NHS No	Faxed 7 day script received	Original 7 day script received (after 3 days chase)	Faxed 21 day script received	Original 21 day script received (after 3 days chase)	Received by	Payment received from DBH	
e.g	Mrs Alison Ellis	NG11 9GY	454 / 343/ 8787	24/04/2012	26/04/2012	24/04/2012	26/04/2012			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
						Total claims				
PLEASE PHOTOCOPY AND KEEP FOR YOUR RECORDS						Total payment due (£20 per patient)				
-	iptions should be received within 3 day	-	<u> </u>							
See Doncaster LPC website for service specification <a href="http://psnc.org.uk/doncaster-lpc/lpc-activity/services/dbhft-mds-scheme/">http://psnc.org.uk/doncaster-lpc/lpc-activity/services/dbhft-mds-scheme/</a>										
	Person completing this form					Pharmacy Signature :				
	Pharmacy			!	1 '	<b></b>				
	Address:				1	1				
	Telephone Number:					DBH signature	e :			