WP34N

Account No.

Part 1 - Contractor Details and Authorisation

PLEASE RETURN TO:

Document Scanning Team
Primary Care Services
Cwmbran House
Mamhilad Park Estate
Mamhilad
Pontypool
NP4 0XS

CONTRACTOR'S STAMP

Submission document relating to drugs and approved appliances ordered by medical and dental practitioners supplied under Part II of the National Health Service Act 1997.

I hereby claim payment in accordance with the relevant provisions of my Terms of Service.

SIGNATURE OF CONTRACTOR OR AUTHORISED AGENT - _____

PRINT NAME - _____

Date: D D M M Y Y Y Y

Part 2 - Contolled Drug Submissions

	Forms	Items
Private Controlled Drug Prescriptions		
Controlled Drug Requisition Forms		
TOTAL		

Part 3 - Declarations

Month: MM / YYY

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