# FORM WP34 P – PRESCRIBING ONLY DOCTOR ACCOUNTS

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

**PCS Account Number:** | 6 | 0 | | | | | Y |

**INVOICE RELATING TO DRUGS AND APPROVED APPLIANCES SUPPLIED UNDER PART II OF THE NATIONAL HEALTH SERVICE ACT 1997.**

***CERTIFIED That the drugs and approved appliances as detailed on the forms submitted with this declaration form, which were supplied during the month of _____ by the practice stated opposite in accordance with Part 4, Paragraph 15 of the Statement of Financial Entitlement.***

**SIGNATURE** _____

**DATE** _____

**PRACTICE NAME AND ADDRESS**

| NAMES OF ALL DOCTORS IN PARTNERSHIP SENIOR PARTNER FIRST (Note 6) | DOCTOR INDEX NUMBER (Note 7) | NAMES OF ALL DOCTORS (CONTINUED) | DOCTOR INDEX NUMBER |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Final Payments will be calculated at individual doctor level

| PRACTICE TOTALS | FORMS | ITEMS (DO NOT INCLUDE ITEMS CLAIMED VIA EMVC) |
|---|---|---|
| TOTALS | | |

Totals of forms and items