



Sexual Health Service Community Pharmacy Claim

From.....pharmacy for Month..... Year

AZITHROMYCIN	Number of interviews (@ £10 each)	Total value of claim (£)
	Number of supplies of azithromycin 250mg X4 (@ £10 each)	
	Number of supplies of azithromycin 500mg X2 (@ £5 each)	
Number of Chlamydia Screening Kits issued this month:		
LEVONELLE 1500 (POM)	Number of interviews (@£10 each)	Total value of claim (£)
	Number of supplies of Levonelle 1500 (@£6 each)	

GRAND TOTAL OF ALL CLAIMS =

The Levonorgestrel and Azithromycin client return forms for each patient interview must be stapled securely to this form.

Payment can only be made on submission of the form

I claim payment for the work undertaken and supplies made above and understand that confirmation of this claim may be sought or investigated. Any claims made over 3 months from when activity was undertaken will be voided and not paid.

Signed Date

Print name Position

Claim authorised Date

**Please send your completed claim form to -
Health & Wellbeing Division, P O Box 298, Department for Children, Adults and Health,
Civic Centre, High Street, Kingswood, Bristol, BS15 0DQ**