

Schedule of Public Health Funding Offer(s)

Name of Organisation:

Address:

Please indicate if your pharmacy will offer any of the following services from 1st October 2016 by signing alongside the relevant services:

Service/Project Name

16/17 Tariff

Signature

Supply of Varenicline within Pharmacies under a
Patient Group Direction

See attached service spec

Please review this schedule and sign and return to me **as soon as possible** at the address overleaf to confirm your acceptance of this offer:

Rachel Baillie
Assistant Director Commissioning & Procurement
Wellbeing, Care & Learning
Room 120
Civic Centre
Newcastle upon Tyne
NE1 8QH

Name:

Position:

Organisation:

Signature:

Date: