

NRT Voucher

May be redeemed at all Stop Smoking Pharmacies in North Yorkshire
To be completed by an accredited Stop Smoking Advisor

(This voucher is not a guarantee of a NRT product)

Date of issue:

(Voucher is valid within 14 days of this date)

Voucher issue number of 3

(This voucher authorises a total of 28-day supply
of up to two products dispensed in weekly installments)

Pharmacy
Stamp

Please complete and circle where applicable

Client's name						Date of Birth					
Address						Post code					
Client Identifier			Gender:			Male	Female				
Pregnant?	YES	NO	Trying for pregnancy?	YES	NO	Breastfeeding?	YES	NO	Consent given to share information?	YES	NO
GP name				GP practice name							
GP Practice address											

	Initial product recommendation	Strength (tick and circle as appropriate)				Quantity or pack size	Number of packs	Maximum Daily Use
NRT Patch		16Hr	<input type="checkbox"/>	25mg	15mg	10mg		
		24Hr	<input type="checkbox"/>	21mg	14mg	7mg		
NRT intermittent product								

Advisor Signature and name:		Date:	/	/	Contact telephone and location of service attended:

Note Clients that do not have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.
Clients are required to pay one prescription charge per item, only once per NRT voucher (e.g. maximum two charges per voucher)

Part 1 - Client Exemption Declaration

Indicate exemption category (using 'X' mark). The client doesn't have to pay because he/she:

- | | |
|---|---|
| A <input type="checkbox"/> is under 16 years of age | G <input type="checkbox"/> has a valid War Pension exemption certificate |
| B <input type="checkbox"/> is 16, 17 or 18 and in full-time education | L <input type="checkbox"/> is named on a current HC2 charges certificate |
| C <input type="checkbox"/> is 60 years of age or over | H <input type="checkbox"/> *gets Income Support or income-related Employment and Support Allowance (ESA) |
| D <input type="checkbox"/> has a valid maternity exemption certificate | K <input type="checkbox"/> * gets income-based Jobseeker's Allowance |
| E <input type="checkbox"/> has a valid medical exemption certificate | M <input type="checkbox"/> * is entitled to, or named on, on a valid NHS Tax Credit Exemption Certificate |
| F <input type="checkbox"/> has a valid prescription pre-payment certificate | S <input type="checkbox"/> * has a partner who gets Pension Credit guarantee credit (PCGC) |

*I am included in an award of income-based Jobseeker's Allowance, Income-related ESA, Income Support, Pension Credit Guarantee Credit or Tax Credit. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption.

Declaration (for clients who do not have to pay): I declare that the information I have given on this form is correct and complete.

Now Sign and fill in Part 3

Part 2	I have paid	£		Now Sign and fill in Part 3
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Part 3	Client's signature here:	<input type="text"/>	Date:	/	/
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Voucher code: NYCC/CP-SCF1V1000001

This voucher must be retained by the pharmacy for two years for audit purposes. May 2019

The pharmacy cannot issue a product if the client does not attend for two consecutive weeks.

The pharmacy should complete one box for 1 week's supply.

(For each chosen product, please circle as appropriate and add brand, pack size and number of packs supplied).

Week no:		Date of supply:				Pharmacist's name:								
Client's signature:				Pharmacist's signature:										
Patch				Pack size	No. of Packs	Lozenge			Pack size	No. of Packs	Inhalator (& 15mg cartridges)			No. of Packs
16Hr	25mg	15mg	10mg				1mg	2mg	4mg			20 pack	36 pack	
24Hr	21mg	14mg	7mg			Mini	1.5mg	4mg			Mouth spray 1mg/dose			No. of
Gum				Pack size	No. of Packs	Mini (Cools)	2mg	4mg				1 x13.2ml	2 x13.2ml	
2mg	4mg	6mg				Microtab sublingual tablet 2mg (Nicorette)				Nasal Spray 500mcg/dose (10ml)				

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The pharmacy can alter the product choice. Please inform stop smoking advisors of any changes.