

<p align="center">PHARMACY DECLARATION FOR THE PROVISION OF COMPLEX LTC SERVICES</p>	
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By signing this form I acknowledge that I/we have delivered additional services as described in the service components section of the Bay of Plenty Community Pharmacy Group collective contract to the following patients who are enrolled in our Complex LTC programme.

Patient Name and NHI number	Complex LTC score	Number of interventions this month	Date enrolled (If new)	Date of next review
I hereby claim for provision of Complex LTC services for _____ patients @ \$30				
GST				
TOTAL INVOICE CLAIMED				

Signed:

Pharmacy Name:

Date:

GST Number:

Please e-mail to accounts@bopcpng.co.nz or fax to (07) 543-0416

<i>Interventions may include some of the following:</i>	
<ul style="list-style-type: none"> • <i>Education regarding medicines (both written and verbal)</i> • <i>Compliance packing (if appropriate and indicated)</i> 	<ul style="list-style-type: none"> • <i>Additional support such as spacers, sharps bins, red warfarin book, reminder services</i> • <i>Contact the patient's GP or another healthcare provider or referral to provider</i>

Remember the objective of this service is to provide additional support to those patients who you have identified as having some adherence concerns or reduced understanding of their current medication