**Community Pharmacy claim form for supply of amantadine, oseltamivir or zanamavir during out-of-season influenza outbreaks**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of dispensing** | **Patient NHS number** **(if available)** | **GP practice of patient** | **Item and quantity supplied** | **Cost of drug supplied** | **Courier cost (for urgent deliveries)** | **Dispensing fee**  | **Total cost** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacist name (PRINT)** |  | **Pharmacist signature** |  |
| **Pharmacy address/stamp** |  |