

**South Staffordshire LPC**  
**Managed Monthly Summary & Payment (FORM LPC1)**

Pharmacy:	Pharmacist / Manager:	PHARMACY STAMP HERE
Address:	Email:	
	Bank Account (Optional)	
Post Code:	Account No:	
Telephone Number:	Sort Code:	

I declare that for the month of .....the following were supplied

	Cost per item (£)	No. of items	Total cost
<b>Minor Ailment Scheme &amp; Chlamydia Treatment</b>			
6 Trimethoprin 200mg tablets			
100mls Flucloxacillin 125mg syrup			
100mls Flucloxacillin 250mg syrup			
15g Fucidin Cream			
15g Fucidin Ointment			
20 Flucloxacillin 250mg capsules			
28 Flucloxacillin 500mg capsules			
100mls Clarithromycin 125mg/5mls syrup			
14 Clarithromycin 250mg tablets			
4 x Azithromycin 250mg Capsules			
Total Consultations – where POM Supplied	<b>£6</b>		
Advice only given / Rapid Referral Procedure	<b>£5</b>		
<b>EHC Scheme</b>			
EHC Consultations	<b>£10</b>		
Levonelle 1			
<b>Sub Total</b>			
<b>Total Prescription Charges Taken</b>			
<b>Total Claim</b>	<b>Payment Method:</b> ( BACS <input type="checkbox"/> Cheque <input type="checkbox"/> ) Please Tick ✓		

<b>For LPC USE Only</b>			
*Total Chlamydia Tests		@ £10 / Test Taken	£
Total Supplies MA / Chlamydia scheme		@ £6 / Consultation	£
Total cost MA medicines supplied		X VAT	£
Total Supplies EHC Scheme		@ £10 / Consultation	£
Total cost EHC medicines supplied			£
Total Consultations Without Supply		@ £5 / Consultation	£
<b>Total Charges Taken</b>			<b>£</b>
<b>Total Payable</b>			<b>£</b>

Please return this form to:  
 Phil Galt, LPC Treasurer  
 Cornwells Chemist, 15 High St., Newcastle-under-Lyme, Staffordshire, ST5 1RB  
 Tel: 07812197489

\*figures provided from testing centre in Stoke.