

FP34PD (Appendix)

Practice Use

PCT:

CLAIMS FOR VACCINES PURCHASED AND PERSONALLY ADMINISTERED UNDER SFE PART 4 PARAGRAPH 17.15 DURING MONTH OF -----

Only details of the following six vaccines or combinations of the listed vaccines e.g. Twinrix, Hepatyrrix, to be entered below. Incomplete details may result in payment delays.

Influenza Typhoid Hepatitis A Hepatitis B Pneumococcal Meningococcal

Please note :

1. Individual FP10's for these vaccines WILL NOT be accepted in doctors accounts.
2. CLAIMS FOR VACCINES OBTAINED FROM CENTRAL SUPPLY SHOULD NOT BE INCLUDED ON THESE FORMS.

Name of Doctor (see note 6.1)	Doctors Index Number (see note 6.1)	Vaccine	Brand/Makers Name (see note 6.2)	Presentatio n/Pack Endorseme nt (see note 6.3)	Patient Dosage (see note 6.4)	Total Number of Doses Administered in the month (see note 6.5)
Dr Jones	123456	Influenza	Solvay Imuvac	1	0.5ml	35
		Influenza	Solvay Influvac	1	0.5ml	10
		Hep A	Avaxim	10	0.5ml	3
Dr Smith	987654	Influ. inact.	sanofi pasteur MSD Ltd	1	0.5ml	38
		Hep B	Engerix B	P Filled / 10	1ml	4
		Hep A	Havrix mono	10	1ml	3
Dr Green	654321	Influenza	Wyeth pharmaceutical	10	0.5ml	37
		Hep A+B	Twinrix	10	1ml	3
		Typhoid	Typhim VI	1	0.5ml	2
Dr White	456789	Influenza	Novartis Agrippal	10	0.5ml	36
		Influenza	Novartis Begrivac	1	0.5ml	10
		Hep A	Havrix junior	1	0.5ml	3
		Hep B	HB Vax	P Filled / 1	1ml	2