

FP34D Appendix form example

FP34D (Appendix)
Practice
Telephone

CLAIMS FOR VACCINES PURCHASED AND PERSONALLY ADMINISTERED UNDER SFE PART 4 PARAGRAPH 23 DURING MONTH OF _____

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

Influenza Typhoid Hepatitis A Hepatitis B Pneumococcal
Meningococcal

Please note, individual FP10s for these vaccines WILL NOT be accepted in doctors accounts.

Name of Doctor (see note 7.1)	Doctor Index Number (see note 7.1)	Vaccine	Brand/Maker's Name (see note 7.2)	Presentation / Pack Endorsement (see note 7.3)	Patient Dosage (see note 7.4)	Total number of doses administered in the month (see note 7.5)
Dr Jones	123456	Influenza	Imuvac (BGP)	Pfs/1	0.5ml	37
		Influenza	Influvac (BGP)	Pfs/10	0.5ml	162
		Hep B	HB-VAX PRO	Pfs/1	0.5ml	11
Dr Smith	987654	Influenza	Agrippal (Novartis)	Pfs/10	0.5ml	27
		Influenza inactivated	Enzira	Pfs/10	0.5ml	12
		Hep B	Engerix B Paed	Pfs/1	0.5ml	10
		Hep A	Havrix Junior	Vial/1	0.5ml	7
		Hep A	Havrix Mono	Pfs/10	1ml	5
Dr Green	654321	Hep A & B	Twinrix adult	Pfs/10	1ml	2
		Hep B	HB-VAX PRO	Vial/1	1ml	8