

27 MAR 2013

AUTHORISATION AND SIGN UP

Practice Name: SCARFHO MEDICAL CENTRE

Practice Number: B 81030

Name of Provider Authorised Signatory: DR P. HEATH

Position: SENIOR PARTNER

The practice agrees to deliver the following Enhanced Services in accordance with the appropriate service specification as detailed within this document

	Enhanced Service	Authorised Signatory on behalf of the provider
1	Anti-Coagulation Level 4: Near Patient Testing	PA
2	Insulin Initiation	PA
3	Minor Surgery	PA
4	Rheumatology: Near Patient Testing	PA
5	Skin Cancer	PA
6	Vasectomy	

Authorised Signatory on behalf of the CCG:

Name of CCG Authorised Signatory:

Date: ___ / ___ / ___