NHS England– South West

**Notification of unplanned temporary suspension of services**

Please return to: england.pharmacysouthwest@nhs.net

|  |  |  |
| --- | --- | --- |
| **Name of contractor**  |  | **ODS Code:** |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence** **(if different)** |  |

This is a notification of an unplanned temporary suspension of pharmaceutical services.

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| **Date of the temporary suspension**  |  |
| **Times at which pharmaceutical services were not provided** |  |

**Please set out in the box below the reasons for the temporary suspension.**

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**Please set out in the box below any actions taken to limit the impact on users of the premises.**

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| --- | --- |
| **Signature**  |  |
| **Name**  |  |
| **Position** |  |
| **Date** |  |
| **On behalf of** |  |
| **Contact email address in case of queries** |  |
| **Contact phone number in case of queries** |  |