

## Expression of Interest to participate in the PLEASANT trial

Please complete this form and return it to:

Gerry McCann  
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PRACTICE NAME:	
NACS CODE:	
TELEPHONE NUMBER:	
FAX:	

LEAD GP:	
GP EMAIL:	
PRACTICE MANAGER (OR OTHER STUDY CONTACT):	
STUDY CONTACT EMAIL:	
STUDY CONTACT DIRECT LINE:	

PRACTICE IT SYSTEM:	
VISION ID:	

LOCAL PCT:	
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Approached by:

CPRD