

## PRACTITIONER SERVICES

## **SCANNING CENTRE**

## REQUEST FOR THE RETRIEVAL OF A PRESCRIPTION

If you wish a retrieval to be done please complete the form below and e-mail it to NSS.psd-bain-sq-receptn@nhs.net or fax to 01506 705191.

CONTRACTOR CODE
TELEPHONE NUMBER
NHS EM AIL ADDRESS
FAX NUMBER
PATIENTS NAME
PATIENTS ADDRESS
PRESCRIBER NAME
PRESCRIBER ADDRESS
ITEMS PRESCRIBED
BAR CODE (If Applicable)
DATE DISPENSED
SUBMISSION MONTH AND PART
FORM TYPE
<b>1</b>

N.B. As Practitioner Services does not have a dedicated resource to carry out this function we would appreciate your patience whilst we endeavour to get the requested information to you as soon as feasibly possible. Minimum two months until data is available E.G July dispensing data will be available October