

# PSD 4 GP10

## ORDER FORM FOR GP10 PRESCRIPTION PADS

**TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:**

Practitioner & Counter Fraud Services, 3 Bain Square, Livingston, EH54 7DQ  
Tel: 01506 705100 Fax: 01506 705191 Email: NSS.psd-pscriber-statnry@nhs.net

**Please supply GP10 prescription pads for the undernoted General Practitioner:**

<b>GP REF NO</b>	
<b>SURNAME</b>	
<b>INITIALS</b>	
<b>SURGERY NAME</b>	
<b>ADDRESS LINE 1</b>	
<b>ADDRESS LINE 2</b>	
<b>ADDRESS LINE 3</b>	
<b>POST CODE</b>	
<b>NO OF PADS (Maximum 4)</b>	

**Approved address for delivery of pads:**

<b>NAME</b>	
<b>HEALTH BOARD</b>	
<b>ADDRESS LINE 1</b>	
<b>ADDRESS LINE 2</b>	
<b>ADDRESS LINE 3</b>	
<b>POST CODE</b>	

**Signed:** ..... **Authorised Signatory**

**Print Name:** .....

**Telephone number**..... **Date**.....