

PSD 5 GP10A

ORDER FORM FOR GP10A PRESCRIPTION PADS

TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:

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

Please supply GP10A stock order pads for the undernoted General Practitioner:

GP REF NO	
SURNAME	
INITIALS	
SURGERY NAME	
ADDRESS LINE 1	
ADDRESS LINE 2	
ADDRESS LINE 3	
POST CODE	
TELEPHONE NO	
NO OF PADS (Minimum 2)	

Approved address for delivery of pads:

NAME	
HEALTH BOARD	
ADDRESS LINE 1	
ADDRESS LINE 2	
ADDRESS LINE 3	
POST CODE	

Signed: **Authorised Signatory**

Print Name:

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