

PSD 1 GP10N

**NURSE PRESCRIBERS PRESCRIPTION PAD ORDER FORM GP10N
TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:**

Practitioner and Counter Fraud Services, 3 Bain Square, Livingston, EH54 7DQ
Tel: 01506 705101 Fax: 01506 705191 Email: NSS.psd-pscriber-statnry@nhs.net

Please tick appropriate box

Prescriber Code

(Health Board Cipher only if part printed)

NMC No.

**Community Practitioner
Nurse Prescriber**

**Nurse Independent /
Supplementary Prescriber**

Part Printed Pads

SURNAME: **INITIALS:**

Address to be printed on pads:

(Health Board address will be used for part-printed pads)

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Post Code.....

Contact Telephone Number:

NO OF PADS (Maximum 4)

Approved address for delivery of pads:

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NHS BOARD

Post Code:

Signed: **Authorised Signatory**

Name (Block Capitals):

Telephone Number: **Date:**