

# PSD 7 GP10NMP

## NON MEDICAL PRESCRIBER ORDER FORM (GP10NMP) FOR RADIOGRAPHER, PHYSIOTHERAPIST, PODIATRIST, DIETICIAN AND PARAMEDIC

TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:

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

**Prescriber Code**

**HPC Registration No**

(Health Board cipher only if part printed)

**SURNAME:** ..... **INITIALS:** .....

<b>Radiographer</b>	<b>Please tick</b>
Independent Prescriber	
Supplementary Prescriber	
<b>Physiotherapist</b>	<b>Please tick</b>
Independent Prescriber	
Supplementary Prescriber	
<b>Podiatrist</b>	<b>Please tick</b>
Independent Prescriber	
Supplementary Prescriber	
<b>Dietitian</b>	<b>Please tick</b>
Independent Prescriber	
Supplementary Prescriber	
<b>Paramedic</b>	<b>Please tick</b>
Independent Prescriber	
<b>Part Printed Pads</b>	

**Address to be printed on pads:**

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**Post Code:** ..... **Contact Telephone Number:** .....

**NO OF PADS (Minimum 4)**

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**Approved address for delivery of pads:**

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..... **Post Code:** .....

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

**Print Name:** ..... **Telephone Number:** .....