

PSD 9 GP10OP

**INDEPENDENT PRESCRIBER: ORDER FORM FOR GP10OP FOR OPTOMETRIC PRESCRIBERS
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

Prescriber Code for HOST NHS BOARD
(include Health Board Cipher)

Professional GOC Registration No.

SURNAME: **INITIALS:**

Address to be printed on pads:

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.....

Post Code:

Telephone Number:

NO OF PADS (Minimum 4)

Approved address for delivery of pads:

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Post Code:

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

Print Name: **Telephone Number:**