

PSD 3 GP10P

**INDEPENDENT/SUPPLEMENTARY PHARMACIST PRESCRIBER ORDER FORM GP10P
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 for
Principle Practice**

GPhC No.

Supplementary Prescriber

Independent Prescriber

Part Printed Pads

(Health Board cipher only if part printed)

SURNAME: **INITIALS:**

Address to be printed on pads:

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.....

Post Code:

Contact Telephone Number:

NO OF PADS (Minimum 4)

Approved address for delivery of pads:

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.....
.....

NHS BOARD

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

Signed: **Authorised Signatory**

Name (Block Capitals):

Telephone Number: **Date:**