

PSD HBP Order Form

HOSPITAL BASED PRESCRIBERS PRESCRIPTION PAD ORDER FORM (HBP) TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:

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

Hospital/Clinic Code

Hospital Name

Personal Details (*only to be completed by Nurse, Pharmacist & Non-Medical Prescribers*)

SURNAME: INITIALS:

Professional Code	Tick as appropriate	Insert Professional Code
NMC - Nurse		
GPhC - Pharmacist		
Prof Reg - Other Non Medical Prescriber, e.g. Physiotherapist, Radiographer, Podiatrist etc		

Address to be printed on pads:

Clinic Name:

Town:

Post Code:

Contact Telephone Number:

NO OF PADS (Minimum 4)

Approved address for delivery of pads:

Health Board

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Post Code:

Signed: Authorised Signatory Date:

Print Name: Telephone Number: