

PSD 2 PPCD Order Form

PRIVATE PRESCRIBERS CONTROLLED DRUGS REQUISITION FORM

THIS ORDER MUST BE APPROVED BY THE HEALTH BOARD

SECTION 1: TO BE COMPLETED BY PRESCRIBER

Prescriber Details

Profession GP Nurse Pharmacist Dentist

Other (Please state)

Prescriber Code: Professional Code:

SURNAME: INITIALS:

Address to be printed on pads:

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.....
.....
.....

Post Code:

Contact Telephone Number:

NO OF PADS (Minimum 1)

WHEN SECTION ONE IS COMPLETED PLEASE PASS TO HEALTH BOARD

SECTION 2: FOR HEALTH BOARD USE ONLY. Please return to:

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

Approved address for delivery of pads:
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.....
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Post Code:

Health Board

Health Board Order Number

Signed: Authorised Signatory Date:

Print Name: Telephone Number: