

PSD 8 BLANK STATIONERY

ORDER FORM FOR BLANK STATIONERY

FORM TO BE COMPLETED BY AUTHORISED SIGNATORY AND RETURNED TO:

Practitioner and Counter Fraud Services, 3 Bain Square, Livingston, EH54 7DQ

Tel: 01506 705100

Fax: 01506 705191

Email: NSS.psd-pscriber-statnry@nhs.net

Please supply the following blank stationery:-

FORM TYPE	QUANTITY	PACK SIZE
GP10 SS		BOXES
GP10N SS		BOXES
CPUS		BOX (10 PADS)
CP4/3		BOXES
HBP SS		BOXES
HBPA SS		BOXES

Approved address for delivery of pads:

HEALTH BOARD	
NAME	
ADDRESS	
POST CODE	

Signed: **Authorised Signatory**

Print Name:

Telephone number: **Date:**