

PCR USER CREATION FORM

Pharmacy Care Record (PCR) user creation request form

PLEASE COMPLETE IN BLOCK CAPITAL LETTER USING BLACK INK

NHS Board Name:	NHS FIFE
Form return details:	Please return completed form as soon as possible to GMS Facilitator team by email to: fife.gmsfacilitators@nhs.scot

To be completed by the registered pharmacist/technician applying for PCR account

Pharmacist GPhC registration number: <i>(will be PCR user ID)</i>	
Technician GPhC registration number: <i>(will be PCR user ID)</i>	
Given Name (First name):	
Family Name (Surname):	
NHS email address:	
Signed:	
Date:	

Thank you

Updated May 2023

Pharmacy Name/Stamp