

Pharmacy Care Record (PCR) User Creation Request Form

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK

NHS Board Name:	NHS Greater Glasgow & Clyde
Form return details:	Community Pharmacy Development Team NHS Greater Glasgow & Clyde Pharmacy Services Clarkston Court, 56 Busby Rd, Clarkston, Glasgow G76 7AT Email: ggc.cpdevteam@nhs.scot

THIS FORM MUST BE AUTHORISED BY THE REGISTERED PHARMACIST OR PHARMACY MANAGER

Authorising Pharmacist or Manager:	
Applicants Given Name (First name):	
Applicants Family Name (Surname):	
Applicants Job Title:	
Applicant's GPhC registration number:	

Please supply your existing pharmacy contact details

Contractor No:	
Address:	
Contact phone No:	

Please supply an e-mail address that you check regularly where confirmation can be sent once the username has been set up

Email Address:	
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Signature of Applicant:

Signature of Pharmacist or Manager:

Date: