

# PCR USER CREATION FORM

## Pharmacy Care Record (PCR) user creation request form

PLEASE COMPLETE IN BLOCK CAPITAL LETTER USING BLACK INK

<b>NHS Board Name:</b>	<b>NHS FIFE</b>
<b>Form return details:</b>	Please return completed form as soon as possible to GMS Facilitator team by email to:  <a href="mailto:fife.gmsfacilitators@nhs.scot">fife.gmsfacilitators@nhs.scot</a>

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

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

Thank you

***Pharmacy Name/Stamp***