

PRIMARY CARE DISTRIBUTION CENTRE 21 DAVA STREET GLASGOW G51 2JA

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NHS PHARMACY FIRST /PRESCRIPTION ORDER FORM

PHARMACY NAME:		
PREMISES ADDRESS:		
DELIVERY DAY:		
	Unit of Issue	No. of units
Please supply CPUS scripts for Pharmacist name registered to the latest PGD list :	1 Pad	
Please supply CMS Leaflets	10 Leaflets	
Please supply CP4/3(SS)(5) Computer Prescription Paper (only to be ordered if your PMR system has been enabled for the UCF Functionality)	1 Box	
Please supply NHS Pharmacy First Advertising Poster	1 poster - max	
Please supply NHS Pharmacy First Leaflets	10 leaflets	
SIGNATURE:		
DATE:		