

**PRIMARY CARE DISTRIBUTION CENTRE
21 DAVA STREET, GOVAN, GLASGOW G51 2JA**

TEL: 0141 427 8246

EMAIL: PC.DistributionCentre@ggc.scot.nhs.uk

PHARMACIST GP10P PRESCRIPTION PADS ORDER FORM

PHARMACIST'S NAME: _____

GPhC REGISTRATION: _____

PRESCRIBER CODE: _____

ADDRESS: (Delivery of prescription forms)

_____	<input type="checkbox"/>	Main Practice
_____	<input type="checkbox"/>	Additional Practice
_____	<input type="checkbox"/>	Both

QUALIFICATION: Supplementary Pharmacist Prescriber

Independent Pharmacist Prescriber

<p>Please supply prescription pads GP10P(5) (4 pads) Orders for this must be placed by 5pm on the second Wednesday of the month. Orders will then be delivered within 6 weeks of the order being placed.</p>	
<p>Please supply Common Clinical Conditions pads (4 pads) Orders for this must be placed by 5pm on the second Wednesday of the month. Orders will then be delivered within 6 weeks of the order being placed.</p>	

SIGNATURE: _____

DATE: _____

Please fill out all parts of the order form and tick where appropriate