

<u>CODE</u>	<u>PHARMACY STATIONERY ITEM DESCRIPTION</u>	<u>QTY</u>
CP4 / CP3	COMPUTER PRESCRIPTIONS (FOR ALL SERVICES UNDER UNIVERSAL CLAIM FRAMEWORK) – BOX OF 2000	
CPUS	COMMUNITY PHARMACY URGENT SUPPLY REPEAT PRESCRIPTION PAD (100 SHEETS)	
	NHS PHARMACY FIRST SCOTLAND INFORMATION LEAFLET	
	NHS PHARMACY FIRST SCOTLAND POSTER	
	NHS MEDICINES: CARE & REVIEW SERVICE INFORMATION LEAFLET	
GP34	DRUGS AND APPLIANCES INVOICE	
EC92A	APPLICATION FOR EXEMPTION CERTIFICATE (MEDICAL GROUNDS)	
	METHOTREXATE BOOKLETS	
HC1	HELP WITH NHS CHARGES	
HC5	REFUND CLAIM FORM	
HCS2	A QUICK GUIDE TO HELP WITH HEALTH COSTS (CHARGES AND OPTICAL VOUCHER VALUES) LEAFLET	
HCS3	HELP WITH HEALTH COSTS POSTER	
PC70	INSTALLMENT DISPENSING FORMS	
FP1010	PEAK FLOW METER CHARTS	
DOAC	DIRECT ORAL ANTICOAGULANT THERAPY (DOAC) BOOKLET	
	ORAL ANTICOAGULANT THERAPY PACK (NPSA)	
	STEROID TREATMENT CARDS	
	NSAIDs SAFETY INFORMATION CARD	
	I HAVE EPILEPSY CARDS	
	DenKit – DENATURING OF CONTROLLED DRUGS KIT 250ml jar	
	DenKit – DENATURING OF CONTROLLED DRUGS KIT 1 litre jar	
	DenKit – DENATURING OF CONTROLLED DRUGS KIT 2 litre jar	
	MORE ORDER FORMS PLEASE	

<u>PHARMACY NAME & ADDRESS:</u>	<u>RETURN TO:</u>
	<p>PRIMARY CARE SUPPLIES (CLYDE) NHS DEPOT 21 DAVA STREET GOVAN GLASGOW G51 2JA.</p> <p>TEL: (0141) 201 3062. <u>You can no longer fax orders.</u></p> <p>Email: Alan.Armstrong@nhs.scot (If emailing your order, please complete the order form and send as an attachment. Electronic version of the order form available on request.)</p>
<u>DATE ORDERED:</u> _____ / _____ / _____	