

PRIMARY CARE DISTRIBUTION CENTRE
21 DAVA STREET
GOVAN, GLASGOW G51 2JA
TEL: 0141 427 8246
EMAIL: ggc.primarycare.distributioncentre@nhs.scot

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"/>	HSCP

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 Tuesday of the month. Orders will 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 Tuesday of the month. Orders will 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