

**PRIMARY CARE DISTRIBUTION CENTRE**  
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## **NHS PHARMACY FIRST /PRESCRIPTION ORDER FORM**

**PHARMACY NAME:** .....

**PREMISES ADDRESS:** .....

**DELIVERY DAY:** .....

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

**SIGNATURE:** .....

**DATE:** .....