# Annex B

## Missing/Lost/Stolen NHS prescription Notification Form

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| **NHS Board:** |  |

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| **The following numbered NHS prescription forms have been identified to us as lost or stolen:** | |
| Date and time of theft/loss: |  |
| Name of person reporting: |  |
| Address of person reporting: |  |
| Telephone no: |  |

|  |  |
| --- | --- |
| **Full details of theft/loss (please fill in details below and include the following information:** | |
| Place where loss/theft occurred: |  |
| Quantity : |  |
| Details of whom the incident has been reported to: |  |

|  |  |  |
| --- | --- | --- |
| **Details of GP/department/dentist/nurse/pharmacist etc whom the prescription form(s) have been lost or stolen:** | | |
| Name: |  | |
| Prescriber Code: |  | |
| Address: |  | |
| Serial Numbers: | **To** | **From** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Details of NHS prescription form type lost or stolen (tick appropriate box):** | | |
| **Form Type** | **Please indicate whether lost/stolen** | |
| GP10/GP10(SS) |  | |
| GP10N/GP10N(SS) |  | |
| GP10P |  | |
| GP10OP |  | |
| GP10NMP |  | |
| GP14 |  | |
| HBP/HBPSS |  | |
| HBPA/HBPASS |  | |
| GP10A |  | |
| CP4/3 |  | |
| CPUS |  | |
| CDRF |  | |
| PPCD |  |  |
| Has this incident been reported to the police? (please tick box) | **YES** | **NO** |
|  |  |
| Name and police station of investigating police officer |  | |
| Incident number |  | |
| Has a security alert been issued to all pharmacies and GP surgeries within the NHS Board and adjacent NHS Boards? (please tick box) | **YES** | **NO** |
|  |  |
| Please give details of any ink changes or security measures and the effective dates of these measures |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signed:** |  | **Date:** |  |

Please email to nshs.cpsoffice@nhs.scot