**Annex B2 - NHS Highland - DETAILS OF LOST/STOLEN PRESCRIPTION**

**Patients Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| CHI Number |  |

**Prescription Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | 1 | 2 | 3 |
| Drug Name |  |  |  |
| Form |  |  |  |
| Strength |  |  |  |
| Instalment Directions |  |  |  |
| Daily Dose |  |  |  |
| Total Quantity |  |  |  |
| Prescription Serial *or* Unique Barcode No.  |  |  |  |
| Dates From: |  | To: |  |
| Prescriber Name |  |
| CPN Name (if applicable) |  | Contact Telephone Number |  |
| Handwritten? (Y or N) |  | Computer Generated? (Y or N) |  |
| Named Pharmacy |  |

**Additional Details**

|  |  |
| --- | --- |
| GP Practice orClinic Name |  |
| Telephone Number |  |
| No of Rx’s Lost |  |
| Date Lost |  |
| Reason For Report (Delete options which do not apply) |
| Lost By  | **Patient** | **Surgery/ Service** | **Pharmacy** | **Unknown#** |
| *Or* Stolen\* From  | **Patient** | **Surgery/ Service** | **Pharmacy** | **Unknown#** |
| Brief outline if lost by surgery/service or pharmacy. |  |

 \*Patients should be encouraged to report stolen prescriptions to the Police using the non-emergency phone number “101”

\*\*Drug name e.g. methadone, diazepam, Suboxone, zopiclone

 Form e.g. tablets, oral solution, mixture, injection

 Strength e.g. 1mg/1ml, 8mg/2mg, 7.5mg

 Instalment directions e.g. “consume on the premises”, “daily dispense”, “weekly dispense”

Please email to nhsh.cpsoffice@nhs.scot