NHS Lanarkshire

**Name & Address / Stamp;**

**Print Name:**

**Date:**

Stores Department

Hairmyres Hospital

Eaglesham Road

East Kilbride, G75 8RG

Tel: (01355) 584962

Fax: (01355) 584969

**Date:**

**Pharmacy Order Form LPC**\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Systems Stock ID** | **Order Code** | **Full Description** | **Unit of Issue** | **Qty Required** |
| LHC1 | HC1 | Application of Exception/Remission for Charges | 1 x 25 |  |
| LCP4/3 | CP4/3 | EMAS form used for computer generated registrations & consultations. New Printer Style | Box(2000) |  |
| LCPUS | CPUS | NHS Prescription form | 1 pad |  |
| LGP34 | LGP34 | Declaration Relating to Drugs & Appliances Ordered Under Part II of the National Health Service (Scotland)(Act) 1978 (50 max) | 1x5 |  |
| LGP34A | LGP34A | Declaration Relating to Drugs & Appliances Ordered Under Regulation 30 of the National Health Service (General Medical & Pharmaceutical Services)(Scotland) Regulations 1974 | 1x5 |  |
| LPC70 | PC70 | Instalment/Supervised Doses Dispensing Claim Form | 1 x 100 |  |
| LSG2209 | LSG2209 | Steroid Treatment Card | 1 x 50 |  |

**ALL ORDER TO BE SENT IN A WEEK BEFORE SCHEDULED DELIVERY DATE**

**Email** [**procurement.cs@lanarkshire.scot.nhs.uk**](mailto:procurement.cs@lanarkshire.scot.nhs.uk)

Updated – 24/5/2022(GT)