NHSScotland ePharmacy

PHARMACY CARE RECORD (PCR) USER ACCOUNT CREATION REQUEST

Please return completed form to: ork.DoP@nhs.scot

GPhC number (will be PCR User ID)	Pharmacist: or Pharmacy Technician:
Given Name (First Name)	
Family Name (Surname)	
Date:	
NHS email address:	
Contact Telephone Number	
Community Pharmacy Name and Address Or Locum (if working in multiple Community Pharmacies. Please provide a contact address)	
Contactor Code(s) if applicable	
Signature of Applicant	
Request Approved By:	

Approved form to be returned by Pharmacy and Medicines Business Support to: nss.psdhelp@nhs.scot