

Overprint Specification For:

Non-FP10 Supply Forms


This section covers printing requirements for the supply of medicinal products and appliances under a patient group directive (Non-FP10).

Pharmacy Stamp Area	<p>The following text shall be printed in the area of the FP10-SS usually designated for the dispensing organisation's stamp.</p> <p style="text-align: center;">Not to be dispensed by a community pharmacy</p> <p>The text should be Arial [bold] 7.5pt and should be centred vertically and horizontally within the box. The text shall be wrapped to ensure it is wholly positioned within the box.</p> <p>Note</p> <ol style="list-style-type: none">1. The use of lower case is not mandatory.
Patient Details Area	<p>Age and D.o.B</p> <p>The age and date of birth shall be printed in the appropriate area under the relevant field name. The font should be Arial [bold] 7.5pt and centred horizontally. Vertically the details should be positioned below the relevant heading (within 4mm).</p> <p>Title, Forename, Surname, & Address</p> <p>The patient name and address shall be printed in the top right hand box. The font should be Arial [bold] 7.5pt. There should be a blank line between the name and the first line of the address. The postcode should appear on the same line as the last line of the address and should be left aligned with the start of the NHS number (if available). There should be a blank line between the last line of the address and the NHS number. The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> <p>Note</p> <ol style="list-style-type: none">1. The use of capital letters is not mandatory.2. The format of the patient name should be agreed between the user and the system supplier.3. If the patient name and/or address details do not fit into the designated field, a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text.4. If the NHS Number is not available the field shall be blank.

<p>Prescribing Area</p>	<p>The Non Prescription Supply prescriber/initiative description shall be printed at the top of the prescribing area, right aligned and shall be printed on 6 lines as shown below. All six lines shall be printed. The font should be Arial [bold] 7.5. The first, third and fourth lines (with the exception of 'Or') shall be printed in capitals. The second, fifth and sixth lines shall be printed in lower case.</p> <p>A box or brackets [], approximately 3.5mm by 4mm, shall be printed alongside 'PERSONAL ADMIN' and 'Or, IMMEDIATE TREATMENT'. These boxes or brackets shall be separated vertically by at least 1mm and shall be 5mm from the right edge of the prescribing area. There shall be a gap of between 3 and 5 mm between the text and the boxes. An X should be printed in the relevant box or bracket if the product was personally administered or supplied as immediate treatment although this annotation can be manually added by the OOH supplier following the printing of the form.</p> <p>The prescriber/initiative description is as follows:</p> <p style="text-align: center;"> NON-PRESCRIPTION SUPPLY Supplier specify if: PERSONAL ADMIN <input type="checkbox"/> Or, IMMEDIATE TREATMENT <input type="checkbox"/> If neither – patient must complete reverse of this form </p>
<p>Right Hand Column (Initiative Area)</p>	<p>The 2 character initiative identifier PG shall be printed in two positions in the right hand column (in the white section and in the green section below). The font should be Arial [bold] 10pt. The text shall be printed in capitals. The 2 character initiative identifier PG shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears.</p> <p>Note</p> <p>1. It is recognised that printing the initiative identifier in this position may mean printing over the pre-printed text 'Office use' on some older versions of the prescription form.</p>
<p>Signature of Prescriber Area</p>	<p>The pre-printed text 'Signature of prescriber' is not appropriate for these forms. The printer shall strike out/overwrite the words 'of prescriber'. e.g.</p> <p>Signature of Prescriber XXXXXX</p>

Mock-up For:

Non-FP10 Supply Forms

Pharmacy Stamp Not to be dispensed by a community pharmacy	Age 33	Title, Forename, Surname & Address MR ANDREW CHARLTON	
	D.o.B 24/04/1970	ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3 ADDRESS LINE 4	
<i>Please don't stamp over age box</i>		OB1 10B	
Number of days' treatment N.B. Ensure dose is stated		1234567890	
Endorsements	NON-PRESCRIPTION SUPPLY Supplier specify if: PERSONAL ADMIN <input type="checkbox"/> Or, IMMEDIATE TREATMENT <input type="checkbox"/> If neither – patient must complete reverse of this form		PG FP10SS0404
Signature XXXXXX		Date	
For dispenser No. of Prescns. on form <input type="text"/>	OOH SUPPLIER NAME 123456 PCT NAME 51A00 PATIENT'S PRACTICE CODE OOH ADDRESS LINE 1 OOH ADDRESS LINE 2 NE5 1ZZ TEL. 0910 4567000		PG
 PATIENTS – please read the notes overleaf			