

Overprint Specification for FP10MDA-SS Forms

Version 1.0
April 2013

Amendment History

| Version | Date | Amendment History |
|---------|-----------------------|---|
| 1.0 | 21 January 2013 | <p>Initial release</p> <p>Only to be used for prescriptions printed from 1 April 2013</p> <p>Replaced previous documents:</p> <p>Overprint Specification For GP FP10MDA-SS v2 Aug 06</p> <p>Overprint Specification For Practice Employed Nurse Independent Supplementary Prescriber FP10MDA-SS v2 Aug06</p> <p>Overprint Specification For Practice Employed Pharmacist Prescriber FP10MDA-SS v2 Aug 06</p> <p>Overprint Specification For PCT Employed Nurse Independent Supplementary Prescriber FP10MDA-SS v2 Aug06</p> <p>Overprint Specification For PCT Employed Pharmacist Prescriber FP10MDA-SS v2 Aug 06</p> <p>Overprint Specification For Hospital FP10MDA-SS v2 Aug 06</p> <p>Main changes made to:</p> <p>White Space at Top of Prescription</p> <p>Prescribed Date</p> <p>Prescriber Address Box – replacement of PCT with CCG or provider organisation</p> |

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1. About this Document

1.1 Purpose

The purpose of this document is to identify overprinting requirements to allow prescriptions for instalment dispensed controlled drugs to be printed on FP10MDA-SS prescription forms using GP practice and provider systems. The overprinting requirements refer to the left-hand side of the prescription form only.

1.2 Audience

This document has been written for system suppliers.

1.3 Scope

The scope of this specification covers:

- Prescribers where the Misuse of Drugs Regulations permit the prescribing of Schedule 2 and 3 controlled drugs for the treatment of addiction: doctors, nurse independent/supplementary prescribers and pharmacist prescribers
- GP practices 'parented' by a Clinical Commissioning Group
- Other cost centres e.g. clinics 'parented' by a Clinical Commissioning Group
- Cost centres 'parented' by provider organisations (where prescribing costs need to be attributed at prescriber level). Examples of provider organisations include NHS Foundation Trusts, Social Enterprises and Independent Sector Healthcare Providers.
- Hospital Trust Sites 'parented' by an NHS Trust that do not use individual prescriber codes.

1.4 Pre-requisites

- Prescribers must be notified to NHS Prescription Services. Please see <http://www.nhsbsa.nhs.uk/PrescriptionServices/957.aspx>
- Practices and cost centres must be notified to NHS Prescription Services
- Provider organisations must have a contract with a commissioner that includes authority to use FP10 prescription forms
- Provider organisations must have a code issued by the Organisational Data Service (NHS Connecting for Health) and must have notified this code to NHS Prescription Services
- Cost centres are used to collate prescribing costs and consist of a group of prescribers. A cost centre must represent a specific service provided for a specific commissioner.
- NHS Trust Site codes are issued by the Organisational Data Service (NHS Connecting for Health) and the NHS Trust must have notified this code to NHS Prescription Services

1.5 FP10 Stationery

FP10 stationery consists of a range of paper forms issued through the NHS Print and Forms contract. The correct overprint specification must be used according to the prescriber type and function of the form e.g. acute supply, repeat dispensing, instalments for drug misusers. The most recent version of the FP10 form must be used – see

[http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Current and Out of Date Rx Form V3 Revised Nov 2012.pdf](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Current%20and%20Out%20of%20Date%20Rx%20Form%20V3%20Revised%20Nov%202012.pdf).

2. Overprint Specifications

2.1 GP prescribers in practices and cost-centres parented by a Clinical Commissioning Group

| | |
|--|---|
| Area | White Space at Top of Prescription |
| This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form. | |

| | |
|-------------------------------|-----------------------|
| Area | Pharmacy Stamp |
| No overprinting requirements. | |

| | |
|---|------------------------|
| Area | Patient Details |
| Age and D.o.B <p>The age and date of birth shall be printed in the appropriate area under the relevant field name. The date shall be printed in the format “dd/mm/yyyy”. The font should be Arial [bold] 7.5pt and centred horizontally. Vertically the details should be positioned below the relevant heading (within 4mm).</p> | |
| Title, Forename, Surname & Address <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 printed on the same line as the ‘NHS Number:’ prompt. The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> | |
| Note <ol style="list-style-type: none">1. The use of both upper and lower case letters is allowed.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. | |

| | |
|---|----------------------------|
| Area | Endorsements Column |
| No prescribing overprinting requirements. | |

| | |
|---|--------------------|
| Area | Prescribing |
| Prescriber/initiative | |
| No prescriber/initiative overprinting requirements. | |
| Prescribed Medications Items¹ | |
| <p>The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area). The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.</p> <p>For each prescribed medication item, the following shall be printed;</p> <p>Dictionary of Medicines and Devices (dm+d) Product Name² Dosage/Frequency Quantity (shall be printed in both words and figures)³</p> <p>For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD. The medication item description may wrap onto a second line if required. The dosage/frequency instructions should be printed on a separate line to the medication item description and quantity.</p> <p>There shall be a one line gap between the medication item details and the medication item separator. Each medication item should be separated by a solid or hashed horizontal line or similar separator. Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box.</p> | |

| | |
|------------------------------|---------------------------------------|
| Area | Right Hand Column (Initiative) |
| No overprinting requirements | |

| | |
|------------------------------|--------------------------------|
| Area | Signature of Prescriber |
| No overprinting requirements | |

¹ Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100).

² The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".

³ Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

| | |
|---|------------------------|
| Area | Prescribed Date |
| <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt.</p> <p>The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.</p> | |

| | | | | | | | | | | | | | | | |
|--|---------------------------|-----------------------------------|-----------------------|---------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|------------------|--|--|-----------------|-----------------|
| Area | Prescriber Address | | | | | | | | | | | | | | |
| <p>The prescriber name shall be printed on the top line of the address box. There shall be a one-line gap before the address. The font should be Arial [bold] 7.5pt and left justified, except Prescriber PIN.</p> <p>The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Prescriber PIN.</p> <p>The CCG Code (Arial [bold] 7.5pt) should appear on the same line as the CCG name but should be left aligned with the Prescriber PIN.</p> <p>There does not need to be a 5mm gap between the last character of the postcode or CCG code and the edge of the box.</p> <p>Preferred Font and Position for Prescriber PIN</p> <p>The font should be Arial [bold] 12pt.</p> <p>The text shall be positioned towards the right of the box. There shall be a 5mm gap between the last character and the edge of the box.</p> <p>Preferred layout example for GP prescribers instalment dispensing</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">TITLE, INITIAL(S), SURNAME</td> <td style="width: 40%;">Prescriber PIN</td> </tr> <tr> <td>{blank line}</td> <td></td> </tr> <tr> <td>GP/COST CENTRE ADDRESS LINE 1</td> <td></td> </tr> <tr> <td>GP/COST CENTRE ADDRESS LINE 2</td> <td></td> </tr> <tr> <td>GP/COST CENTRE ADDRESS LINE 3</td> <td>Post Code</td> </tr> <tr> <td>GP/COST CENTRE Telephone Number</td> <td></td> </tr> <tr> <td>CCG Name</td> <td>CCG Code</td> </tr> </table> <p>Minimum Font and Position for Prescriber PIN</p> <p>As a minimum the Prescriber PIN shall be positioned towards the right of the box.</p> <p>The font shall be equivalent to Arial [bold] 7.5pt.</p> <p>There shall be a 5mm gap between the last character and the edge of the box.</p> <p>Note</p> <ol style="list-style-type: none"> 1. The use of both upper and lower case letters is allowed. 2. The format of the prescriber name should be agreed between the user and the system supplier. 3. The prescriber name and/or address details shall not impinge upon the right hand side of the code area. Therefore a set of ‘rules’ should | | TITLE, INITIAL(S), SURNAME | Prescriber PIN | {blank line} | | GP/COST CENTRE ADDRESS LINE 1 | | GP/COST CENTRE ADDRESS LINE 2 | | GP/COST CENTRE ADDRESS LINE 3 | Post Code | GP/COST CENTRE Telephone Number | | CCG Name | CCG Code |
| TITLE, INITIAL(S), SURNAME | Prescriber PIN | | | | | | | | | | | | | | |
| {blank line} | | | | | | | | | | | | | | | |
| GP/COST CENTRE ADDRESS LINE 1 | | | | | | | | | | | | | | | |
| GP/COST CENTRE ADDRESS LINE 2 | | | | | | | | | | | | | | | |
| GP/COST CENTRE ADDRESS LINE 3 | Post Code | | | | | | | | | | | | | | |
| GP/COST CENTRE Telephone Number | | | | | | | | | | | | | | | |
| CCG Name | CCG Code | | | | | | | | | | | | | | |

be agreed between the user and the system supplier which shall not involve the wrapping of text.

4. The CCG name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the shortened CCG name that has been agreed with NHS Prescription Services.

2.2 Nurse Independent/Supplementary Prescribers and Pharmacist Prescribers in practices and cost centres parented by a Clinical Commissioning Group

| | |
|--|---|
| Area | White Space at Top of Prescription |
| This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form. | |

| | |
|-------------------------------|-----------------------|
| Area | Pharmacy Stamp |
| No overprinting requirements. | |

| | |
|---|------------------------|
| Area | Patient Details |
| Age and D.o.B | |
| <p>The age and date of birth shall be printed in the appropriate area under the relevant field name.</p> <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt and centred horizontally.</p> <p>Vertically the details should be positioned below the relevant heading (within 4mm).</p> | |
| Title, Forename, Surname, & Address | |
| <p>The patient name and address shall be printed in the top right hand box. The font should be Arial [bold] 7.5pt.</p> <p>There should be a blank line between the name and the first line of the address.</p> <p>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).</p> <p>There should be a blank line between the last line of the address and the NHS number.</p> <p>The NHS number should be printed on the same line as the ‘NHS Number:’ prompt.</p> <p>The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> | |
| Note | |
| <ol style="list-style-type: none"> 1. The use of both upper and lower case letters is allowed. 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. | |

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|---|----------------------------|
| Area | Endorsements Column |
| No prescribing overprinting requirements. | |

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|---|--------------------|
| Area | Prescribing |
| Prescriber/initiative | |
| <p>The prescriber/initiative description NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER or PHARMACIST PRESCRIBER shall be printed at the top of the prescriber area and shall be printed on one line.</p> <p>The font should be Arial [bold] 7 to 10pt (the size of the font may need to be adjusted to ensure the text will fit on to one line).</p> <p>The prescriber/initiative description should be printed in capitals and right aligned.</p> | |
| Prescribed Medications Items⁴ | |
| <p>There shall be a one line gap between the initiative description and the medication details.</p> <p>The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area).</p> <p>The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.</p> | |
| <p>For each prescribed medication item, the following shall be printed;</p> | |
| <p>Dictionary of Medicines and Devices (dm+d) Product Name⁵ Dosage/Frequency Quantity (shall be printed in both words and figures)⁶</p> | |
| <p>For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD. The medication item description may wrap onto a second line if required. The dosage/frequency instructions should be printed on a separate line to the medication item description and quantity.</p> | |
| <p>There shall be a one line gap between the medication item details and the medication item separator. Each medication item should be separated by a solid or hashed horizontal line or similar separator. Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box.</p> | |

⁴ Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100).

⁵ The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".

⁶ Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

| | |
|---|---------------------------------------|
| Area | Right Hand Column (Initiative) |
| <p>The 2 character initiative identifier PN (for a nurse independent/supplementary prescriber) or SP (for a pharmacist prescriber) shall be printed in two positions in the right hand column (in the white section and in the blue section below – see prescription exemplars 4.2 and 4.3).</p> <p>The font should be Arial [bold] 10pt.</p> <p>The text shall be printed in capitals.</p> <p>The 2 character initiative identifier PN or SP shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears.</p> | |

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|------------------------------|--------------------------------|
| Area | Signature of Prescriber |
| No overprinting requirements | |

| | |
|---|------------------------|
| Area | Prescribed Date |
| <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt.</p> <p>The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.</p> | |

| | |
|---|---------------------------|
| Area | Prescriber Address |
| <p>The prescriber name shall be printed on the top line of the address box. There shall be a one-line gap before the address.</p> <p>The font should be Arial [bold] 7.5pt and left justified, except Prescriber PIN and Practice/Cost Centre code (see below).</p> <p>The postcode (Arial [bold] 7.5pt) should appear on the same line as address 2 but should be left aligned with the Prescriber PIN and Practice/Cost Centre code.</p> <p>The CCG Code (Arial [bold] 7.5pt) should appear on the same line as the CCG name but should be left aligned with the Prescriber PIN and Practice/Cost Centre code.</p> <p>There does not need to be a 5mm gap between the last character of the postcode or CCG code and the edge of the box.</p> <p>Preferred Font and Position for Prescriber PIN and Practice/Cost Centre code</p> <p>The font should be Arial [bold] 12pt.</p> <p>The text shall be positioned towards the right of the box.</p> <p>The Prescriber PIN and Practice/Cost Centre code should be left aligned with each other.</p> <p>There shall be a 5mm gap between the last character and the edge of the box.</p> | |

Preferred layout example for Nurse Independent/ Supplementary Prescribers and Pharmacist Prescribers

| | |
|--|---------------------------|
| TITLE, INITIAL(S), SURNAME {blank line} | Prescriber PIN |
| SENIOR PARTNER/COST CENTRE NAME | Practice/cost centre code |
| GP/COST CENTRE ADDRESS LINE 1 | |
| GP/COST CENTRE ADDRESS LINE 2 | Post Code |
| GP/COST CENTRE Telephone Number | |
| CCG Name | CCG Code |

Minimum Font and Position for Prescriber PIN and Practice/Cost Centre code

As a minimum the Prescriber PIN and Practice/Cost Centre code shall be positioned towards the right of the box.

The font shall be equivalent to Arial [bold] 7.5pt.

There shall be a 5mm gap between the last character and the edge of the box.

Note

1. The use of both upper and lower case letters is allowed.
2. The format of the prescriber name should be agreed between the user and the system supplier.
3. The prescriber name and/or address details shall not impinge upon the right hand side of the code area. Therefore a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text.
4. The CCG name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the shortened CCG name that has been agreed with NHS Prescription Services.
5. The Cost Centre name must be agreed with NHS Prescription Services.

2.3 Medical prescribers (doctors) in cost centres parented by a provider organisation

| | |
|--|---|
| Area | White Space at Top of Prescription |
| This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form. | |

| | |
|-------------------------------|-----------------------|
| Area | Pharmacy Stamp |
| No overprinting requirements. | |

| | |
|--|------------------------|
| Area | Patient Details |
| Age and D.o.B | |
| <p>The age and date of birth shall be printed in the appropriate area under the relevant field name.</p> <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt and centred horizontally.</p> <p>Vertically the details should be positioned below the relevant heading (within 4mm).</p> | |
| Title, Forename, Surname, & Address | |
| <p>The patient name and address shall be printed in the top right hand box.</p> <p>The font should be Arial [bold] 7.5pt.</p> <p>There should be a blank line between the name and the first line of the address.</p> <p>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).</p> <p>There should be a blank line between the last line of the address and the NHS number.</p> <p>The NHS number should be printed on the same line as the ‘NHS Number:’ prompt.</p> <p>The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> | |
| Note | |
| <ol style="list-style-type: none"> 5. The use of both upper and lower case letters is allowed. 6. The format of the patient name should be agreed between the user and the system supplier. 7. 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. 8. If the NHS Number is not available the field shall be blank. | |

| | |
|---|----------------------------|
| Area | Endorsements Column |
| No prescribing overprinting requirements. | |

| | |
|--|--------------------|
| Area | Prescribing |
| Prescriber/initiative | |
| No prescriber/initiative overprinting requirements. | |
| Prescribed Medications Items⁷ | |
| The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area). The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box. | |
| For each prescribed medication item, the following shall be printed; | |
| Dictionary of Medicines and Devices (dm+d) Product Name ⁸ Dosage/Frequency Quantity (shall be printed in both words and figures) ⁹ | |
| For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD. The medication item description may wrap onto a second line if required. The dosage/frequency instructions should be printed on a separate line to the medication item description and quantity. | |
| There shall be a one line gap between the medication item details and the medication item separator. Each medication item should be separated by a solid or hashed horizontal line or similar separator. Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box. | |

| | |
|------------------------------|---------------------------------------|
| Area | Right Hand Column (Initiative) |
| No overprinting requirements | |

| | |
|------------------------------|--------------------------------|
| Area | Signature of Prescriber |
| No overprinting requirements | |

⁷ Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100).

⁸ The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".

⁹ Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

| | |
|---|------------------------|
| Area | Prescribed Date |
| <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt.</p> <p>The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.</p> | |

| | | | | | | | | | | | | | | | |
|--|---------------------------|-----------------------------------|-----------------------|---------------------|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|------------------|-------------------------------------|--|----------------------|----------------------|
| Area | Prescriber Address | | | | | | | | | | | | | | |
| <p>The prescriber name shall be printed on the top line of the address box. There shall be a one-line gap before the address. The font should be Arial [bold] 7.5pt and left justified, except Prescriber PIN.</p> <p>The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Prescriber PIN.</p> <p>The Provider Code (Arial [bold] 7.5pt) should appear on the same line as the Provider name but should be left aligned with the Prescriber PIN. There does not need to be a 5mm gap between the last character of the postcode or Provider code and the edge of the box.</p> <p>Preferred Font and Position for Prescriber PIN</p> <p>The font should be Arial [bold] 12pt.</p> <p>The text shall be positioned towards the right of the box. There shall be a 5mm gap between the last character and the edge of the box.</p> <p>Preferred layout example for GP prescribers instalment dispensing</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">TITLE, INITIAL(S), SURNAME</td> <td style="width: 40%;">Prescriber PIN</td> </tr> <tr> <td>{blank line}</td> <td></td> </tr> <tr> <td>COST CENTRE ADDRESS LINE 1</td> <td></td> </tr> <tr> <td>COST CENTRE ADDRESS LINE 2</td> <td></td> </tr> <tr> <td>COST CENTRE ADDRESS LINE 3</td> <td>Post Code</td> </tr> <tr> <td>COST CENTRE Telephone Number</td> <td></td> </tr> <tr> <td>Provider Name</td> <td>Provider Code</td> </tr> </table> <p>Minimum Font and Position for Prescriber PIN</p> <p>As a minimum the Prescriber PIN shall be positioned towards the right of the box.</p> <p>The font shall be equivalent to Arial [bold] 7.5pt.</p> <p>There shall be a 5mm gap between the last character and the edge of the box.</p> <p>Note</p> <ol style="list-style-type: none"> 5. The use of both upper and lower case letters is allowed. 6. The format of the prescriber name should be agreed between the user and the system supplier. 7. The prescriber name and/or address details shall not impinge upon the right hand side of the code area. Therefore a set of ‘rules’ should | | TITLE, INITIAL(S), SURNAME | Prescriber PIN | {blank line} | | COST CENTRE ADDRESS LINE 1 | | COST CENTRE ADDRESS LINE 2 | | COST CENTRE ADDRESS LINE 3 | Post Code | COST CENTRE Telephone Number | | Provider Name | Provider Code |
| TITLE, INITIAL(S), SURNAME | Prescriber PIN | | | | | | | | | | | | | | |
| {blank line} | | | | | | | | | | | | | | | |
| COST CENTRE ADDRESS LINE 1 | | | | | | | | | | | | | | | |
| COST CENTRE ADDRESS LINE 2 | | | | | | | | | | | | | | | |
| COST CENTRE ADDRESS LINE 3 | Post Code | | | | | | | | | | | | | | |
| COST CENTRE Telephone Number | | | | | | | | | | | | | | | |
| Provider Name | Provider Code | | | | | | | | | | | | | | |

be agreed between the user and the system supplier which shall not involve the wrapping of text.

8. The Provider name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the shortened Provider name that has been agreed with NHS Prescription Services.

2.4 Nurse Independent/Supplementary Prescribers and Pharmacist Prescribers in cost centres parented by a provider organisation

| | |
|--|---|
| Area | White Space at Top of Prescription |
| This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form. | |

| | |
|-------------------------------|-----------------------|
| Area | Pharmacy Stamp |
| No overprinting requirements. | |

| | |
|---|------------------------|
| Area | Patient Details |
| Age and D.o.B | |
| <p>The age and date of birth shall be printed in the appropriate area under the relevant field name.</p> <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt and centred horizontally.</p> <p>Vertically the details should be positioned below the relevant heading (within 4mm).</p> | |
| Title, Forename, Surname, & Address | |
| <p>The patient name and address shall be printed in the top right hand box. The font should be Arial [bold] 7.5pt.</p> <p>There should be a blank line between the name and the first line of the address.</p> <p>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).</p> <p>There should be a blank line between the last line of the address and the NHS number.</p> <p>The NHS number should be printed on the same line as the ‘NHS Number:’ prompt.</p> <p>The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> | |
| Note | |
| <ol style="list-style-type: none"> 5. The use of both upper and lower case letters is allowed. 6. The format of the patient name should be agreed between the user and the system supplier. 7. 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. 8. If the NHS Number is not available the field shall be blank. | |

| | |
|---|----------------------------|
| Area | Endorsements Column |
| No prescribing overprinting requirements. | |

| Area | Prescribing |
|--|--------------------|
| Prescriber/initiative | |
| <p>The prescriber/initiative description NURSE INDEPENDENT/ SUPPLEMENTARY PRESCRIBER or PHARMACIST PRESCRIBER shall be printed at the top of the prescriber area and shall be printed on one line.</p> <p>The font should be Arial [bold] 7 to 10pt (the size of the font may need to be adjusted to ensure the text will fit on to one line).</p> <p>The prescriber/initiative description should be printed in capitals and right aligned.</p> | |
| Prescribed Medications Items¹⁰ | |
| <p>There shall be a one line gap between the initiative description and the medication details.</p> <p>The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area).</p> <p>The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.</p> | |
| <p>For each prescribed medication item, the following shall be printed;</p> | |
| <p>Dictionary of Medicines and Devices (dm+d) Product Name¹¹</p> <p>Dosage/Frequency</p> <p>Quantity (shall be printed in both words and figures)¹²</p> | |
| <p>For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD.</p> <p>The medication item description may wrap onto a second line if required.</p> <p>The dosage/frequency instructions should be printed on a separate line to the medication item description and quantity.</p> | |
| <p>There shall be a one line gap between the medication item details and the medication item separator.</p> <p>Each medication item should be separated by a solid or hashed horizontal line or similar separator.</p> <p>Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box.</p> | |

¹⁰ Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100).

¹¹ The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".

¹² Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

| | |
|-------------|---|
| Area | Right Hand Column (Initiative) |
| | <p>The 2 character initiative identifier PN (for a nurse independent/supplementary prescriber) or SP (for a pharmacist prescriber) shall be printed in two positions in the right hand column (in the white section and in the blue section below – see prescription exemplars 4.5 and 4.6).</p> <p>The font should be Arial [bold] 10pt.</p> <p>The text shall be printed in capitals.</p> <p>The 2 character initiative identifier PN or SP shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears.</p> |

| | |
|-------------|--------------------------------|
| Area | Signature of Prescriber |
| | No overprinting requirements |

| | |
|-------------|---|
| Area | Prescribed Date |
| | <p>The date shall be printed in the format “dd/mm/yyyy”.</p> <p>The font should be Arial [bold] 7.5pt.</p> <p>The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.</p> |

| | |
|-------------|---|
| Area | Prescriber Address |
| | <p>The prescriber name shall be printed on the top line of the address box. There shall be a one-line gap before the address.</p> <p>The font should be Arial [bold] 7.5pt and left justified, except Prescriber PIN and Cost Centre code (see below).</p> <p>The postcode (Arial [bold] 7.5pt) should appear on the same line as address 2 but should be left aligned with the Prescriber PIN and Cost Centre code.</p> <p>The Provider Code (Arial [bold] 7.5pt) should appear on the same line as the Provider name but should be left aligned with the Prescriber PIN and Cost Centre code.</p> <p>There does not need to be a 5mm gap between the last character of the postcode or Provider code and the edge of the box.</p> <p>Preferred Font and Position for Prescriber PIN and Cost Centre code</p> <p>The font should be Arial [bold] 12pt.</p> <p>The text shall be positioned towards the right of the box.</p> <p>The Prescriber PIN and Cost Centre code should be left aligned with each other.</p> <p>There shall be a 5mm gap between the last character and the edge of the box.</p> |

Preferred layout example for Nurse Independent/ Supplementary Prescribers and Pharmacist Prescribers

| | |
|--|------------------|
| TITLE, INITIAL(S), SURNAME {blank line} | Prescriber PIN |
| COST CENTRE NAME | Cost centre code |
| COST CENTRE ADDRESS LINE 1 | |
| COST CENTRE ADDRESS LINE 2 | Post Code |
| COST CENTRE Telephone Number | |
| Provider Name | Provider Code |

Minimum Font and Position for Prescriber PIN and Cost Centre code

As a minimum the Prescriber PIN and Cost Centre code shall be positioned towards the right of the box.
The font shall be equivalent to Arial [bold] 7.5pt.
There shall be a 5mm gap between the last character and the edge of the box.

Note

6. The use of both upper and lower case letters is allowed.
7. The format of the prescriber name should be agreed between the user and the system supplier.
8. The prescriber name and/or address details shall not impinge upon the right hand side of the code area. Therefore a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text.
9. The Provider name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the shortened Provider name that has been agreed with NHS Prescription Services.
10. The Cost Centre name must be agreed with NHS Prescription Services.

2.5 Hospital Trust Site (no individual prescriber code) parented by an NHS Foundation Trust

| | |
|--|---|
| Area | White Space at Top of Prescription |
| This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form. | |

| | |
|-------------------------------|-----------------------|
| Area | Pharmacy Stamp |
| No overprinting requirements. | |

| | |
|--|------------------------|
| Area | Patient Details |
| Age and D.o.B | |
| <p>The age and date of birth shall be printed in the appropriate area under the relevant field name. The date shall be printed in the format “dd/mm/yyyy”. The font should be Arial [bold] 7.5pt and centred horizontally. Vertically the details should be positioned below the relevant heading (within 4mm).</p> | |
| Title, Forename, Surname & Address | |
| <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 printed on the same line as the ‘NHS Number:’ prompt. The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.</p> | |
| Note | |
| <ol style="list-style-type: none">1. The use of both upper and lower case letters is allowed.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. | |

| | |
|---|----------------------------|
| Area | Endorsements Column |
| No prescribing overprinting requirements. | |

| | |
|--|--------------------|
| Area | Prescribing |
| Prescriber/initiative | |
| <p>The prescriber/initiative description HOSPITAL PRESCRIBER shall be printed at the top (as appropriate) of the prescriber area and shall be printed on one line.</p> <p>The font should be Arial [bold] 7 to 10pt (the size of the font may need to be adjusted to ensure the text will fit on to one line).</p> <p>The prescriber/initiative description should be printed in capitals and right aligned.</p> <p>At the bottom of the prescribing area the prescriber's name and initials (and bleep number if available) shall be printed. The font should be Arial [bold] 7.5pt.</p> <p>A line separating the prescriber's name from the prescribed items should be printed.</p> <p>The line should be within 10 – 15mm from the bottom of the prescribing area.</p> | |
| Prescribed Medications Items¹³ | |
| <p>There shall be a one line gap between the initiative description and the medication details.</p> <p>The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area).</p> <p>The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.</p> <p>For each prescribed medication item, the following shall be printed;</p> <p>Dictionary of Medicines and Devices (dm+d) Product Name¹⁴ Dosage/Frequency Quantity (shall be printed in both words and figures)¹⁵</p> <p>For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD. The medication item description may wrap onto a second line if required.</p> | |

¹³ Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100).

¹⁴ The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".

¹⁵ Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

The dosage/frequency instructions should be printed on a separate line to the medication item description and quantity.

There shall be a one line gap between the medication item details and the medication item separator.

Each medication item should be separated by a solid or hashed horizontal line or similar separator.

Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box.

Note

If the NHS Trust requires separate identification between types of non medical prescriber then the text at the top of the prescribing area should appear as follows:

Nurse Independent/Supplementary Prescriber:

| | |
|--------|--|
| LINE 1 | HOSPITAL PRESCRIBER |
| LINE 2 | NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER |
| LINE 3 | PIN: PRESCRIBER PIN* |

Pharmacist Prescriber:

| | |
|--------|-----------------------|
| LINE 1 | HOSPITAL PRESCRIBER |
| LINE 2 | PHARMACIST PRESCRIBER |
| LINE 3 | PIN: PRESCRIBER PIN* |

*The prescriber PIN should be printed on the third line next to the text
PIN:

| Area | Right Hand Column (Initiative) |
|------|--------------------------------|
|------|--------------------------------|

The 2 character initiative identifier **AD** shall be printed in two positions in the right hand column (in the white section and in the blue section below – see prescription exemplar 4.7).

The font should be Arial [bold] 10pt.

The text shall be printed in capitals.

The 2 character initiative identifier **AD** shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears.

| Area | Signature of Prescriber |
|------|-------------------------|
|------|-------------------------|

No overprinting requirements

| Area | Prescribed Date |
|------|-----------------|
|------|-----------------|

The date shall be printed in the format “dd/mm/yyyy”.

The font should be Arial [bold] 7.5pt.

The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.

Area | Prescriber Address

The hospital unit name shall be printed on the top line of the address box. There shall be a one-line gap before the address.

The font should be Arial [bold] 7.5pt and left justified, except Trust Site Code (see below).

The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Trust Site Code.

The NHS Trust code (Arial [bold] 7.5pt) should appear on the same line as the NHS Trust name but should be left aligned with the Trust Site Code.

There does not need to be a 5mm gap between the last character of the postcode or Trust Site Code and the edge of the box.

Preferred font and position for Trust Site Code

The font should be Arial [bold] 12pt.

The text shall be positioned towards the right of the box.

There shall be a 5mm gap between the last character and the edge of the box.

Preferred layout example for Hospital prescribers

| | |
|--------------------------------|------------------------|
| HOSPITAL UNIT NAME | TRUST SITE CODE |
| HOSPITAL ADDRESS LINE 1 | |
| HOSPITAL ADDRESS LINE 2 | |
| HOSPITAL ADDRESS LINE 3 | Post Code |
| TELEPHONE NUMBER | |
| NHS TRUST Name | NHS TRUST Code |

Minimum Font and Position for Trust Site Code

As a minimum the Trust Site code shall be positioned towards the right of the box.

The font shall be equivalent to Arial [bold] 7.5pt.

There shall be a 5mm gap between the last character and the edge of the box.

Note

1. The use of both upper and lower case letters is allowed.
2. The format of the hospital unit name should be agreed between the user and the system supplier.
3. The hospital unit name and/or address details shall not impinge upon the right hand side of the code area. Therefore a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text.
4. The NHS Trust name shall not impinge upon the right hand side of the

code area. Therefore, it is advisable to use the shortened Hospital Trust name that has been agreed with NHS Prescription Services.

3. Code Formats

Table to show expected format for prescriber¹⁶, practice/cost centre, CCG, provider and NHS Trust site¹⁷ codes

| Code | Format | Example |
|--|---------------|----------------|
| GP/medical prescriber | NNNNNN | 921370 |
| Nurse prescriber | NNANNNA | 71A2998E |
| Pharmacist prescriber | NNNNNNN | 2033467 |
| CCG code | NNA | 02N |
| NHS Trust | XXX | RAT |
| Independent Sector Healthcare Provider / Social Enterprise | XXX | NAA |
| Practice/cost centre | ANNNNN | Y02245 |
| NHS Trust Site | XXXNN | RAT89 |

N = any number

A = any alpha

X = any number or any alpha or a space

¹⁶ The GP/medical prescriber code is based on the Doctor Index Number allocated by the NHS Information Centre. NHS Prescription Services provides 'spurious' prescriber codes when a doctor prescribes in more than one practice/cost centre or where more than one doctor uses a single code. The Prescriber PIN for a non-medical prescriber is the personal identification number issued by the relevant regulatory body for the healthcare professional.

¹⁷ NHS Trust Site codes are also referred to as hospital unit codes or EPACT codes
FP10MDA April 13

4. Examples of Prescriptions

4.1 GP prescribers in practices and cost centres parented by a Clinical Commissioning Group - instalment dispensing prescription forms

| Pharmacy Stamp | | Age | Title, Forename, Surname & Address | Date | Item | Quantity supplied | Pharmacist's initials |
|---|-------------------------------|-------------|--|-------------|--|-------------------|-----------------------|
| | | 41 | MR A PATIENT | | | | |
| | | D.o.B | ANY STREET ANY TOWN ANY COUNTY ANY REGION | | | | |
| | | 01/01/1971 | AB1 2CD | | | | |
| Please don't stamp over age box | | | NHS Number: 1234567890 | | | | |
| Number of days' treatment N.B. Ensure dose is stated | | | | | | | |
| Endorsements | | | | | | | |
| Signature of Prescriber | | | | | | | |
| For dispenser No. of Prescrib. on form | Prescriber's name and address | | | | | | |
| | DR A DOCTOR | 123456 | | | | | |
| | ANY COST CENTRE NAME | | | | | | |
| | ANY STREET | | | | | | |
| | ANY TOWN | AB1 2CD | | | | | |
| | TEL. 0123 4567890 | | | | | | |
| | ANY CCG | XXX | | | | | |
| NHS | PRINTED SERIAL NUMBER | FP10MDA0608 | | | | | |
| | | | | NOTE | Details of items supplied - see notes overleaf | | |

4.2 Nurse Independent/Supplementary Prescriber in practices and cost centres parented by a Clinical Commissioning Group - instalment dispensing prescription forms

| | | | | | | | | |
|---|-------------------------------|------------------------|--|--|---|------|-------------------|-----------------------|
| Pharmacy Stamp | | Age 41 | Title, Forename, Surname & Address MR A PATIENT | | Date | Item | Quantity supplied | Pharmacist's initials |
| | | D.o.B. 01/01/1971 | ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD | | | | | |
| Please don't stamp over age box | | NHS Number: 1234567890 | | | | | | |
| Number of days' treatment | | | | | | | | |
| N.B. Ensure dose is stated | | | | | | | | |
| Endorsements NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER | | | | | SP | | | |
| Signature of Prescriber | | | | | | | | |
| | | | | | | | | |
| For dispenser No. of Prescns. on form | Prescriber's name and address | | NNANNNNA | | SP | | | |
| | MS A NURSE | | XXXXXX | | | | | |
| | SNR PTR / COST CENTRE NAME | | AB1 2CD | | <p>NOTE Details of items supplied - see notes overleaf</p> | | | |
| | ANY STREET | | XXX | | | | | |
| | ANY TOWN | | FP10MDA0608 | | | | | |
| TEL. 0123 4567890 | | | | | | | | |
| ANY CCG | | | | | | | | |
| NHS | | | | | | | | |
| PRINTED SERIAL NUMBER | | | | | | | | |

4.3 Pharmacist prescribers in practices and cost centres parented by a Clinical Commissioning Group - instalment dispensing prescription forms

| Pharmacy Stamp | | Age | Title, Forename, Surname & Address | Date | Item | Quantity supplied | Pharmacist's initials |
|---------------------------------------|--|-------------------------------|--|--|------|-------------------|-----------------------|
| | | 41 | MR A PATIENT | | | | |
| | | D.o.B | ANY STREET ANY TOWN ANY COUNTY ANY REGION | | | | |
| | | 01/01/1971 | AB1 2CD | | | | |
| Please don't stamp over age box | | | NHS Number: 1234567890 | | | | |
| Number of days' treatment | | | | | | | |
| N.B. Ensure dose is stated | | | | | | | |
| Endorsements | | PHARMACIST PRESCRIBER | | | | | |
| | | SP | | | | | |
| Signature of Prescriber | | | | | | | |
| For dispenser No. of Prescns. on form | | Prescriber's name and address | | | | | |
| | | MS A PHARMACIST | | | | | |
| | | NNNNNNN | | | | | |
| | | SNR PTR / COST CENTRE NAME | | | | | |
| | | XXXXXX | | | | | |
| | | ANY STREET | | | | | |
| | | ANY TOWN | | | | | |
| | | TEL. 0123 4567890 | | | | | |
| | | AB1 2CD | | | | | |
| | | ANY CCG | | | | | |
| | | XXX | | | | | |
| NHS | | FP10MDA0608 | | | | | |
| PRINTED SERIAL NUMBER | | | | | | | |
| | | | | NOTE Details of items supplied - see notes overleaf | | | |

SPECIMEN

4.4 Medical prescribers (doctors) in cost centres parented by a provider organisation - instalment dispensing prescription forms

| | | | | | | | | |
|--|---|--|--|---------|-------------|--|-------------------|-----------------------|
| Pharmacy Stamp | | Age 41 | Title, Forename, Surname & Address MR A PATIENT | | Date | Item | Quantity supplied | Pharmacist's initials |
| D.o.B 01/01/1971 | | ANY STREET ANY TOWN ANY COUNTY ANY REGION | | AB1 2CD | | | | |
| Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated | | NHS Number: 1234567890 | | | | | | |
| Endorsements | | | | | | | | |
| Signature of Prescriber | | | | | | | | |
| For dispenser No. of Prescns. on form | Prescriber's name and address DR A DOCTOR | | 123456 | | | | | |
| | ANY COST CENTRE NAME ANY STREET ANY TOWN TEL. 0123 4567890 ANY PROVIDER | | AB1 2CD XXX | | | | | |
| NHS | PRINTED SERIAL NUMBER | | FP10MDA0608 | | | | | |
| | | | | | NOTE | Details of items supplied - see notes overleaf | | |

SPECIMEN

4.5 Nurse Independent/Supplementary prescribers in cost centres parented by a provider organisation - instalment dispensing prescription forms

| | | | | | | | | |
|--|-------------------------------|---------------------|--|--|-------------|--|-------------------|-----------------------|
| Pharmacy Stamp | | Age 41 | Title, Forename, Surname & Address MR A PATIENT | | Date | Item | Quantity supplied | Pharmacist's initials |
| | | D.o.B 01/01/1971 | ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD | | | | | |
| Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated | | | NHS Number: 1234567890 | | | | | |
| Endorsements NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER | | | | | SP | | | |
| Signature of Prescriber | | | | | | | | |
| For dispenser No. of Prescs. on form | Prescriber's name and address | | NNANNNNA | | SP | | | |
| | MS A NURSE | | XXXXXX | | | | | |
| | ANY COST CENTRE | | AB1 2CD | | | | | |
| | ANY STREET | | XXX | | | | | |
| | ANY TOWN | | FP10MDA0608 | | | | | |
| | 0123 4567890 | | | | | | | |
| | ANY PROVIDER | | | | | | | |
| NHS | PRINTED SERIAL NUMBER | | | | | | | |
| | | | | | NOTE | Details of items supplied - see notes overleaf | | |

SPECIMEN

4.6 Pharmacist prescribers in cost centres parented by a provider organisation - instalment dispensing prescription forms

| | | | | | | | | | |
|--|--|--|--|-----------|-------------|--|-------------------|-----------------------|--|
| Pharmacy Stamp | | Age 41 | Title, Forename, Surname & Address MR A PATIENT | | Date | Item | Quantity supplied | Pharmacist's initials | |
| D.o.B 01/01/1971 | | ANY STREET ANY TOWN ANY COUNTY ANY REGION | | AB1 2CD | | | | | |
| Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated | | NHS Number: 1234567890 | | | | | | | |
| Endorsements | | PHARMACIST PRESCRIBER | | SP | | | | | |
| Signature of Prescriber | | | | | | | | | |
| For dispenser No. of Prescns. on form | Prescriber's name and address MS A PHARMACIST | | NNNNNNN | SP | | | | | |
| | ANY COST CENTRE NAME | | XXXXXX | | | | | | |
| | ANY STREET | | | | | | | | |
| | ANY TOWN | | AB1 2CD | | | | | | |
| | 0123 4567890 | | | | | | | | |
| | ANY PROVIDER | | XXX | | | | | | |
| NHS | PRINTED SERIAL NUMBER | | FP10MDA0608 | | | | | | |
| | | | | | NOTE | Details of items supplied - see notes overleaf | | | |

SPECIMEN

4.7 Hospital Trust (no individual prescriber code) - instalment dispensing prescription forms

| | | | | | | | | |
|---|-------------------------------|----------------------------|--|-----------|--|------|-------------------|-----------------------|
| Pharmacy Stamp | | Age 41 | Title, Forename, Surname & Address MR A PATIENT | | Date | Item | Quantity supplied | Pharmacist's initials |
| | | D.o.B 01/01/1971 | ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD | | | | | |
| Please don't stamp over age box | | NHS Number: 1234567890 | | | | | | |
| Number of days' treatment N.B. Ensure dose is stated | | | | | | | | |
| Endorsements | | HOSPITAL PRESCRIBER | | AD | | | | |
| Signature of Prescriber | | | | | | | | |
| For dispenser No. of Prescns. on form | Prescriber's name and address | | XXXXXX | | | | | |
| | ANY UNIT | | AD | | | | | |
| | ANY COST CENTRE NAME | | | | | | | |
| | ANY STREET | | | | | | | |
| | ANY TOWN | | AB1 2CD | | | | | |
| | TEL. 01234 567890 | | | | | | | |
| | ANY TRUST | | XXXXX | | | | | |
| NHS | | FP10MDA0608 | | | | | | |
| PRINTED SERIAL NUMBER | | | | | | | | |
| | | | | | NOTE Details of items supplied - see notes overleaf | | | |

SPECIMEN