Overprint Specification For:

Private CD Prescribers Prescription Forms

This section covers printing requirements for private CD prescribers to allow their private CD prescription to be printed on FP10PCDSS prescription forms using their IT systems. The forms are only to be used for the prescribing of schedule 1, 2 and 3 CDs. This specification should be read in conjunction with the Overprint Specification introductory page and the prescription mock-up.

Pharmacy Stamp Area	No overprinting requirements.
Patient Details Area	**Age and D.o.B** The age and date of birth shall be printed as a numeric 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). **Title, Forename, Surname, Address & NHS Number** The patient name, address and NHS Number 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 address shall be printed on no more than 5 address lines. 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. 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. **Note** 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.
Endorsements Column	No overprinting requirements.

Prescribing Area	The relevant private CD prescriber description shall be printed at the top of the prescribing area and shall be printed on one line. The private CD prescriber description text will vary depending on the type of private CD prescriber. The font should be Arial [bold] 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit on to one line). The private CD prescriber description should be printed in capitals and right aligned. **PRESCRIBER TYPE** **DESCRIPTION** Private Doctor PRIVATE DOCTOR Private Nurse PRIVATE NURSE PRESCRIBER Private Pharmacist PRIVATE PHARMACIST PRESCRIBER Private Optometrist PRIVATE OPTOMETRIST PRESCRIBER Private Podiatrist PRIVATE PODIATRIST PRESCRIBER Private Radiographer PRIVATE RADIOGRAPHER PRESCRIBER Private Physiotherapist PRIVATE PHYSIOTHERAPIST PRESCRIBER **Prescribed Medications Items[1]** There shall be a one line gap between the Prescriber Type and the medication details. 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[2] ▪ Quantity (shall be printed in both words and figures) [3] ▪ Dosage/Frequency For each controlled drug item, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD. The medication item description and quantity should be printed on the same line, wrapping onto a second line if required. The dosage/frequency instructions should be printed on a separate line to 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.
Right Hand Column (Initiative Area)	No overprinting requirements.
Signature of Prescriber Area	No overprinting requirements.

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[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). Following investigation, the PPA preference is that brackets are omitted.
[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.

Date	The date the prescription was signed shall be printed in the format "dd/mm/yyyy".
	The font should be Arial [bold] 7.5pt and centred horizontally.
Prescriber Address Box	The prescriber name shall be printed on the top line of the address box. There shall be a one-line gap between the prescriber name and the start of the prescriber address. The font should be Arial [bold] 7.5pt and left justified, except Prescriber PIN. The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Prescriber PIN. The PCT Code (Arial [bold] 7.5pt) should appear on the same line as the PCT 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 PCT code and the edge of the box. **Preferred Font and Position for Prescriber PIN** 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 Private CD Prescribers** **TITLE, INITIAL(S), SURNAME** **Prescriber PIN** **{blank line}** **CONTACT ADDRESS LINE 1** **CONTACT ADDRESS LINE 2** **CONTACT ADDRESS LINE 3** **Post Code** **CONTACT Telephone Number** **PCT Name** **PCT Code** **Minimum Font and Position for Prescriber PIN** As a minimum the Prescriber PIN 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 capital letters is not mandatory. 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 PCT name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the agreed shortened PCT name available from the Department of Health website.

Prescription Mock-up For:

Private CD Prescription Overprinting

[PRIVATE PRESCRIBER TYPE] shall be one of the following:

- PRIVATE DOCTOR
- PRIVATE NURSE PRESCRIBER
- PRIVATE PHARMACIST PRESCRIBER
- PRIVATE OPTOMETRIST PRESCRIBER
- PRIVATE PHYSIOTHERAPIST PRESCRIBER
- PRIVATE RADIOGRAPHER PRESCRIBER
- PRIVATE PODIATRIST PRESCRIBER

Dispensary Stamp

Age

Title, Forename, Surname & Address

D.o.B

Please don't stamp over age box

Number of days' treatment
N.B. Ensure dose is stated

NHS Number:

PRIVATE [PRESCRIBER TYPE]

Signature of Prescriber

Date

For dispenser No. of Prescns. on form

Dr A JONES

698765

ADDRESS LINE 1
ADDRESS LINE 2
ADDRESS LINE 3
TEL. 0910 4567000
PCT NAME

NE5 1ZZ

51A

FP10PCD0406

PRINTED SERIAL NUMBER