

## Current and out of date prescription form versions

The tables overleaf show the current versions of the prescription form. Please read the following notes in conjunction with the tables.

### Version identification:

To help you identify which version prescription form you are using all prescriptions have a form identifier also known as paper type. The form identifier includes the type of form eg. FP10SS and a version date e.g. 0608 (June 2008) – FP10SS0608.

### How to find the form identifier:

- 0105 version prescription forms onwards - printed horizontally at the bottom, on the front of the form.
- 1000 and subsequent versions up to the 0105 version - printed vertically in the right hand column, on the front of the form.
- Pre 1000 - printed at the bottom right hand corner on the front of the form.

### Prescription forms must be kept up-to-date:

Patients cannot make a correct claim to exemption from prescription charges when out-of-date prescription forms are used. Out of date prescriptions are **not** currently invalid for dispensing purposes. **However, pre 1998 prescription forms should never be used for prescribing.** Any pre 1998 prescription forms must be securely destroyed, by shredding or in accordance with local procedures for secure waste.

Non-secure prescription forms dated prior to April 1998 can be identified by a revision date in the bottom right hand corner on the front of the form e.g. (Rev 97 is the 1997 version).

The prescription type **FP10CN** which was used by PCT employed nurses (V100/V200/V300) became obsolete when PCTs ceased to exist on 1 April 2013 and must no longer be used for prescribing. In addition the overprinting of an FP10SS prescription with the prescriber initiative CN to indicate a PCT employed nurse must also be no longer used.

**Paper Type** = Prescription Identifier printed on the front and reverse of all prescriptions.

**Prescription Type** = Prescription manufacturer's product order code.

**Prescriber Key:**

- GP = General Practitioner
- Nurse V100 = Community Practitioner Nurse Prescriber
- Nurse V300/V200 = Nurse Independent/Supplementary Prescriber
- IP = Independent Prescriber
- SP = Supplementary prescriber
- Hospital Unit = Hospital speciality units, prescribing code is at unit level not at individual prescriber level

**Prescription Images**

An image of each prescription form has been provided at the end of this document.

Please note all the prescription forms have Crown Copyright status therefore you cannot replicate the image without express permission being granted.

NHSBSA has devolved responsibilities from the Department of Health and Social Care to give permissions for the Crown Copyright prescription image. [julie.hickling-walker@nhs.net](mailto:julie.hickling-walker@nhs.net) manages this process.

**Current version – Form Identifier 0515:**

Paper Type	Colour	Prescription Type	Prescribers	Product Format	Purpose
FP10SS	Green	FP10SS	GP Nurse V100 Nurse V300/V200 Independent Prescriber Supplementary Prescriber Hospital Unit	Box 2000 forms	Single sheet prescription <i>(Prescriber details printed by prescribing system)</i>

For the above prescription type 0515 is the current form identifier version. The following form identifiers either did not exist or are now out of date for the above prescription type: (Rev 98); 1298; 0899; 1000; 0901; 0403; 0404; 0105; 0406; 0608.

**Current version – Form Identifier 0608:**

FP10NC	Green	FP10NC	GP	Pad of 50 forms	Hand-written prescription <i>(Prescriber details printed by prescription manufacturer)</i>
		FP10HNC	Hospital Unit		
FP10MDA	Blue	FP10MDA-SS	GP Nurse V300/V200 Independent Prescriber Supplementary Prescriber Hospital Unit	Box 500 forms	Drug Misuse Instalment single sheet prescription <i>(Prescriber details printed by prescribing system)</i>
		FP10MDA-S	GP	Pad of 10 forms	Hand-written Drug Misuse Instalment prescription <i>(Prescriber details printed by prescription manufacturer)</i>
		FP10MDA-SP	Independent Prescriber Supplementary Prescriber	Pad of 10 forms	
		FP10HMDA	Hospital Unit	Pad of 50 forms	
FP10D	Yellow	FP10D	Dentist	Pad of 50 forms	Hand-written prescription
FP10P	Lilac	FP10PN	Practice employed nurse: V100/V200/V300	Pad of 50 forms	Hand-written prescription <i>(Prescriber details printed by prescription manufacturer)</i>
		FP10SP	Independent Prescriber Supplementary Prescriber		
		FP10P-REC	Out of Hours Centre		
FP10PCDSS	Pink	FP10PCDSS	Prescribers of Schedule 2 and 3 controlled drugs prescribed in the private sector where prescriptions are dispensed by community pharmacy	Box of 500 forms	Private controlled drug single sheet prescription <i>(Prescriber details printed by prescribing system)</i>
FP10PCDNC	Pink	FP10PCDNC	Prescribers of Schedule 2 and 3 controlled drugs prescribed in the private sector where prescriptions are dispensed by community pharmacy	Pad of 10 forms	Private controlled drug hand written prescription <i>(Prescriber details printed by prescription manufacturer)</i>

For all of the above prescription types 0608 is the current form identifier version. The following form identifiers either did not exist or are now out of date for the above prescription types: (Rev 98); 1298; 0899; 1000; 0901; 0403; 0404; 0105; 0406.

The following prescription types are obsolete - they are out of date and no longer produced:

FP10CN, FP10C; FP10HP; FP10HP(AD); FP10L

### **Controlled Drug Requisition Forms – FP10CDF**

The buff coloured FP10CDF controlled drug requisition form to obtain Schedule 2 and 3 controlled drugs for stock from a community pharmacy has been replaced with a new form with effect from 30 November 2015. Requisitions must be received on the new mandatory form after 30 November 2015 and requisitions on the old form cannot be accepted \*\*.

The new approved [FP10CDF controlled drug requisition form](#), in electronic format, is available online.

Professionals can complete the form online or download onto local drives prior to the form being completed, printed and signed in wet ink. However, the form is designed to reset anytime it is saved with added data to prevent confidential details of requisitioners falling into the wrong hands. The form also has an in-built security mechanism which generates a unique code when completed electronically. This facility is not available for forms that are printed blank.

\*\* Please note that the buff coloured FP10CDF controlled drug requisition form can continue to be used by hospitals and prisons, while stocks last, as they are exempt from the new requirements set out in the Misuse of Drugs Regulations 2001 (as amended).

FP10SS

Prescription Form

Age

Title, Forename, Surname & Address

GP

Please don't dispense until you have checked:

Number of days' treatment

U.S. Pharmacist is stated

Endorsements

NHS number

Signature of Prescriber

Date


For dispenser  
No. of  
Prescriber  
on form

**NHS**

FP10SS 0315

PATIENTS - please read the notes overleaf

FP10NC

Pharmacy Stamp	Age	Title, Profession, Signature & Address
	D.5.8	
Place stamp over grains	Number of days between F.H. Entries as stated	NHS Number
<b>SPECIMEN</b>		
Date		
For dispenser No. of Prescs. on form		
	FP10NC0608	

FP10MDA

Pharmacy Stamp	Age D.o.B.	Title, Forename, Surname & Address	Date	Item	Quantity supplied	Pharmacist's initials
Please don't stamp over the box Number of days' treatment N.B. Ensure dose is stated Endorsements	NHS Number		<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5; font-size: 4em; font-weight: bold;">SPECIMEN</div>			
Signature of Prescriber		Date				
For dispenser No. of Prescrib on form	Prescriber's name and address					
		FP10MDA0608				
<b>NOTE</b> Details of items supplied - see notes overleaf						

FP10D

Pharmacy Name	Age	Title, Profession, Telephone & Address
	D.O.B.	
Please do not use overage for Number of days treatment N.B. Ensure dose is stated		NHS Number
Endorsements		
<b>SPECIMEN</b>		
Signature of Dentist		Date
For dispenser No. of Prescriptions on form	Dentist's name and address	
	FP10DC608	



FP10P

Pharmacy Stamp	Age	Title, Forename, Surname & Address
<b>NHS</b>	Date	<b>NHS</b>
Prescription only use for: Number of days' treatment N.B. Ensure dose is stated	NHS Number	
Endorsements		
<b>SPECIMEN</b>		
For dispenser No. of Prescs. on form		
<input type="checkbox"/>		
<b>NHS</b>	FP10P0608	

FP10PCDSS

Dispensary Stamp	Age D.o.B	Title, Forename Surname & Address
Please do not overwrite age box Number of days treatment N.B. Ensure date is stated		NHS Number
<b>SPECIMEN</b>		
Signature of Prescriber		Date
For dispenser No. of Prescriptions on form		
FP10PCDSS04C6		

FP10PCDNC

Dispensary Name: \_\_\_\_\_ Age: \_\_\_\_\_ Title, address, telephone & address: \_\_\_\_\_  
NCS Number: \_\_\_\_\_



Number of copies of this form: \_\_\_\_\_  
M.B. (Prescriber's initials): \_\_\_\_\_

**SPECIMEN**

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

For dispenser  
No. of  
Forms  
on form

FP10PCDNC0406

### CD Requisition Form (Schedules 2 & 3)

**A Supplier Details**

Invoice No.:  NHS Account Number / Wholesale Dealer Licence / HO CD Licence No.:

Supplier's Stamp: Name of Business:  Telephone:

Address Line 1:

Address Line 2:

Address Line 3:  Postcode:

**B Controlled Drugs Requisitioned and Purpose**

Drug Name	Strength and Unit of Measure	Form	Quantity
<i>Example: Paracetamol</i>	<i>10mg / 500ml</i>	<i>Suspension</i>	<i>15 x 500ml</i>

Purpose for which drugs are required (tick in box provided)

<input type="checkbox"/> For use within Pharmacy	<input type="checkbox"/> For Paramedic use
<input type="checkbox"/> For use within Practice / Surgery	<input type="checkbox"/> For Doctor's bag
<input type="checkbox"/> For use in independent hospital	<input type="checkbox"/> Other (please state reason briefly below)

**C Customer Details**

\* See comment that it does not go past the signature on completion

\* Individual Prescriber code / pharmacy's NHS account number / CGC / HES / HW Number:

\* Practice, NHS Trust or NHS Provider Code:

Name of Practice:

Individual practitioner's name (printed):

Professional qualification / occupation:

Address line 1:

Address line 2:

Telephone:  Postcode:

Signature:  Date of Order / Supply:

(NB: This must be the signature of the practitioner named above)

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**D Notes on using / obtaining FP10CDF forms**

1. The person raising the requisition (customer) must:
  - Write the controlled drugs to be requisitioned (including strength, form, quantity and unit of measure) in Part B
  - Indicate the purpose for which the drug(s) is / are required in Part B
  - Write their name, individual / organisation code\*, occupation / professional qualification (e.g. GP, pharmacist) or VML and address of work premises in Part C
  - Sign their name at the bottom of Part C. Signature must be hand-written in ink
  - Complete the date of the order in Part C

\* When requisitioning CDs for use in either an NHS practice or a private practice the following individual / organisation codes are required:

  - A medical prescriber requires:
    - an individual prescriber code for each different NHS practice they work in
    - an individual private prescriber code for private practice
  - A non-medical prescriber requires:
    - an individual prescriber code plus NHS practice code for each practice they work in
    - an individual private prescriber code for private practice

\* When requisitioning CDs for use in the veterinary sector, the practitioner's MRCVS number must be provided at Part C.
2. The person / organisation supplying the controlled drugs (supplier) should either:
  - A. Write their account submission code (healthcare only), name of organisation, and address in Part A
  - OR
  - B. Include a legible stamp in the top left section of Part A, confirming their details
  - C. Ensure that the customer has completed their relevant sections with correct data
3. Insert in Part A (where applicable):
  - the wholesaler's invoice number for the requisition; and
  - either the NHS Account number, MHRA Wholesale Dealer Licence number or Home Office Controlled Drug Licence number of the wholesaler

The supplier should then submit all CD requisitions that they have processed to the NHS Business Services Authority using the FP10CDF form which should be downloaded from – <http://www.nhs.uk/2411215>

(Note: Veterinary requisitions must not be sent to the NHBSA but retained by the supplier in accordance with legislative provisions)
4. The FP10CDF form can be accessed at the NHBSA website at <http://www.nhs.uk/PrescriptionServices/120.aspx>

**E Data Protection Statement**

This requisition will be passed to the NHS Business Services Authority (NHBSA), a Special Health Authority in the National Health Service (NHS), for the purposes of statistical analysis of what has been supplied. The information may also be used within the NHS to prevent incorrect usage of controlled drugs, and may be disclosed to organisations outside the NHS that have a lawful entitlement to receive it. This requisition will be confidentially destroyed 24 months after the month in which it was received by the NHBSA, unless it has been disclosed to another organisation.