

Community Pharmacy Stationery Request Form.

To order any of the following community pharmacy stationery, please tick and add the amount required next to the required item(s):

FORM	REQUEST	AMOUNT
• CPUS(5)	<input type="checkbox"/>	_____
• CP2/3 (SS) (5) CMS/MAS Registration Form <i>(This has been replaced by the CP4/3 in most pharmacies)</i>	<input type="checkbox"/>	_____
• CP4/3 (SS) (5) CMS/MAS Registration Form	<input type="checkbox"/>	_____
• GP34a <i>(Declaration relating to drugs & appliances ordered under Part II of National Health Service (Scotland) Act 1978)</i>	<input type="checkbox"/>	_____
• GP64A <i>(Oxygen Therapy Services)</i>	<input type="checkbox"/>	_____
• PC70 <i>(Instalment / Supervised doses Dispensing Claim Form)</i>	<input type="checkbox"/>	_____
• EC92A (Claim for Prescription Charge Exemption Certificate - Medical)	<input type="checkbox"/>	_____
• FW8 (Claim for Medical Charge Exemption Certificate - Maternity)	<input type="checkbox"/>	_____
• Oral Anticoagulant Therapy Record Book	<input type="checkbox"/>	_____
• Oral Anticoagulant Therapy Patient Info Pack	<input type="checkbox"/>	_____
• Oral Anticoagulant Therapy Patient Info Card	<input type="checkbox"/>	_____
• Lithium Therapy Patient Info Pack	<input type="checkbox"/>	_____
• Steroid Treatment Card	<input type="checkbox"/>	_____

Please send this form to:

Mr Russell Gibson – Stores Clerk

NHS Borders – Supplies, Borders General Hospital,
Melrose TD6 9BS
russell.gibson@borders.scot.nhs.uk