**Blue and white logo with text

Description automatically generated**

**PCR Login Request Form**

Please complete this form and return to [communitypharmacy.team@borders.scot.nhs.uk](mailto:communitypharmacy.team@borders.scot.nhs.uk)

|  |  |
| --- | --- |
| Full Name |  |
| NHS Mail – Email Address |  |
| GPhC Number |  |
| Job Title |  |
| Contractor Code  of pharmacy where you are based |  |