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NHS England West Yorkshire Area Team

Primary Care Services

REQUEST FOR PHARMACY STATIONERY

Pharmacy Name:

Address:

FORM NUMBER	PLEASE SUPPLY THE FOLLOWING	QUANTITY REQUIRED
FP10CDF	Requisition Form for Controlled Drugs	
FP10DT	EPS Dispensing Token (2000 per box)	
FP57	Receipt of Prescription Charges Claim for Refund	
FP95	Application for a Prepayment Certificate	
HC1	Low Income Scheme Claim Form	
HC12	NHS Charges Leaflet	
IPD	Insulin Passport for Diabetics	
LITHIUMPACKS	Lithium Packs	
MTB	Methotrexate Treatment Booklets	
OATBOOK	Anti-Coagulant Record Book	
PIBD	Patient Insulin Info Booklet for Diabetics	
RD2	Repeat Dispensing - Patient Leaflet	
ST1	Steroid Warning Cards	
	Yellow Methadone Warning Stickers	
FP30/PH	Request for Stationery Form	
57/SCS	Practice stock control sheet for FP57 Receipt Forms	