FP34PCD0108			Submiss	Submission Document		
Part 1	Submissions					
		Forms		Items		
(Private Prescrip						
(CD Rec	quisition forms)					
Part 2 Contractor/Supplier Details and Authorisation						
Contractor's/Supplier's Name and Address Contractor's/Supplier's Stamp						
	A/C Type	A/C ID	Year	Month]	
	EPHM					
Declaration						
priva suppl	te FP10PCD form lied by this organis		chedule 2 or 3 co	(FP10CDF) forms a ontrolled drugs were as req 001.	e	
Print Name:						
Signature:						
Date:						

FP34PCD0108

Please fold here

SORTING AND SUBMISSION OF FORMS

- 1. Complete one submission document only. Write your contractor/supplier name and address in Part 2 and, if available, include your contractor/supplier stamp in the space provided.
- 2. Within each submission, sort all FP10 forms by -
 - Group (Private CD forms and CD Requisitions to be sorted separately)
 Prescriber/Customer name.
- 3. Enter the required submission figures in the boxes opposite. Please note that any figures written in this area should be right-justified.

Example: 1 2 3

4. Please fold this submission document along the 2 printed fold lines, so that your A/C ID is visible on the top. Place this completed submission document on top of the FP10 forms, pack securely and dispatch to the NHS Business Services Authority (NHSBSA) by NO LATER THAN the FIFTH day of the month following which they were supplied.

NHSBSA Prescription Pricing Division Processing Div 3 Newcastle Goods Entrance (off Dean Street) Bridge House 152 Pilgrim Street Newcastle upon Tyne NE1 6SN

 Do not enclose any documents not related to the submission of CD Requisitions (FP10CDF) or schedule 1, 2 and 3 private controlled drug prescription forms (FP10PCD) with this submission.

NOTES

a) PLEASE DO NOT use adhesive tape, pins or staples, as these have to be removed on receipt and can seriously delay processing
b) Postage on parcels and correspondence sent to the NHSBSA MUST be pre-paid