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NHS Prescription Services

Overprint Specification for FP10SS Forms

Version 2.0
August 2018

Amendment History

Version	Date	Amendment History
1.0	August 2016	<p>Initial Release</p> <p>Replaced previous documents:</p> <p>Overprint Specification For GP FP10SS April 13 Overprint Specification For Non-Medical FP10SS April 13 Overprint Specification For Hospital Unit FP10SS April 13</p> <p>Main Changes made to:</p> <p>Prescribed Medication Items. Prescribing Area Prescriber/Initiative Section. Appendices added Prescriber Codes and EPS Release 2. References to the Health and Social Care Information Centre (HSCIC) updated to reflect their new name NHS Digital. Out of date forms reference added and requirement that printers printing FP10 stationery must be capable of handling 70gsm paper.</p>
2.0	August 2018	<p>Updated Prescription Type table including addition of Paramedic Prescribers</p> <p>Updated document with reference to Paramedic prescribers where applicable</p> <p>Clarification of position of prescriber endorsements added</p> <p>Table of retired and obsolete codes added</p> <p>Updating of enquiry contact</p>

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Contents

1.	<i>About this Document</i>	5
1.1.	<i>Purpose</i>	5
1.2.	<i>Audience</i>	5
1.3.	<i>Scope</i>	5
1.4.	<i>Pre-requisites</i>	5
1.5.	<i>FP10 Stationery and Printers</i>	6
2.	<i>Prescription Sample Image</i>	7
3.	<i>Overprint Specification</i>	8
3.1.	<i>White Space at Top of Prescription</i>	8
3.2.	<i>Pharmacy Stamp</i>	8
3.3.	<i>Patient Details</i>	8
3.3.1.	<i>Age and D.O.B</i>	8
3.3.2.	<i>Title, Forename, Surname, & Address</i>	8
3.4.	<i>Endorsement Column</i>	9
3.5.	<i>Prescribing Area Prescriber/Initiative</i>	9
3.5.1.	<i>Hospital Unit Prescribers</i>	11
3.6.	<i>Prescribed Medication Items</i>	12
3.7.	<i>Right Hand Column</i>	13
3.7.1.	<i>Prescriber/initiative identifiers</i>	14
3.8.	<i>Signature of Prescriber</i>	14
3.9.	<i>Date and Prescriber Address</i>	15
3.9.1.	<i>Prescribed Date</i>	15
3.9.2.	<i>Prescriber Address</i>	15
4.	<i>Code Formats</i>	18
Appendix 1	<i>Prescriber Codes</i>	19
4.1.1.	<i>Medical Prescriber Codes</i>	19
4.1.1.1.	<i>Spurious codes</i>	19
4.1.2.	<i>Non-Medical Prescriber Codes</i>	20

<i>4.1.3. Pooled list codes</i>	<i>20</i>
<i>Appendix 2 Electronic Prescription Service (EPS).....</i>	<i>21</i>
<i>Population of “responsibleParty”.....</i>	<i>22</i>
<i>Cross reference of “Prescription Type” code and prescriber codes</i>	<i>23</i>
<i>Cross reference of “Prescription Type” code and FP10 paper type and Prescriber Initiative.....</i>	<i>24</i>
<i>Retired codes that must no longer be used cross referenced with ‘code that can be used be used’</i>	<i>25</i>
<i>Appendix 3 Examples of Overprinted FP10 prescriptions.....</i>	<i>28</i>

1. About this Document

1.1. Purpose

The National Health Service (General Medical Services Contracts) Regulations state that 'prescription forms' and 'repeatable prescriptions' must be in the format required by the NHS Business Services Authority (NHSBSA).

These overprinting requirements specify the format required by the NHSBSA for all prescriber types printing FP10SS prescription forms.

1.2. Audience

This document has been written for system suppliers.

1.3. Scope

The scope of this specification covers:

- GP practices 'parented' by a Clinical Commissioning Group
- Other cost-centres e.g. Walk-In Clinics 'parented' by a Clinical Commissioning Group
- Cost-centres 'parented' by provider organisations (where prescribing costs need to be attributed at prescriber level). Examples of provider organisations include NHS Foundation Trusts, Social Enterprises and Independent Sector Healthcare Providers
- Hospital Trust Sites 'parented' by an NHS Trust that do not use individual prescriber codes
- Acute or Repeat Prescribing supply i.e. no repeat dispensing is authorised on the prescription form
- Repeat Dispensing - a repeatable prescription form authorises a number of batch issue prescription forms which are to be produced at the same time.
- Prescription forms dispensed by a Community Pharmacy, by an Internet Pharmacy, by an Appliance Contractor or by a Dispensing Doctor.

1.4. Pre-requisites

- Prescribers must be notified to NHS Prescription Services. The only permitted exception is a Hospital Trust site that does not use individual prescribers.
- Practices and cost-centres must be notified to NHS Prescription Services
- Provider organisations must have a contract with a commissioner that includes authority to use FP10 prescription forms

- Provider organisations must have a code issued by the Organisational Data Service (NHS Digital) and must have notified this code to NHS Prescription Services
- Cost-centres are used to collate prescribing costs and consist of a group of prescribers. A cost-centre must represent a specific service provided for a specific commissioner.
- NHS Trust Site codes are issued by the Organisational Data Service (NHS Digital) and the NHS Trust must have notified this code to NHS Prescription Services. ODS uses the name EPACT code.

1.5. FP10 Stationery and Printers

FP10 stationery consists of a range of paper forms issued through the NHS Print and Forms contract. The correct overprint specification must be used according to the prescriber type and function of the form e.g. acute supply (acute and repeat prescribing), repeat dispensing, instalments for drug misusers. The most recent version of the FP10 form must be used. A document detailing current and out of date prescription forms can be found at:

<http://www.nhsbsa.nhs.uk/PrescriptionServices/938.aspx>

FP10 stationery is 70gsm. Every printer that is used for printing FP10 stationery must be capable of handling 70gsm paper.

2. Prescription Sample Image

White space at top of prescription

Age, D.O.B

Pharmacy stamp

Title, forename, surname and address

Pharmacy stamp

Age 45y

D.O.B 01/01/1971

Title, Forename, Surname & Address

MR A PATIENT

ANY STREET
ANY TOWN
ANY COUNTY
ANY REGION

AB1 2CD

Please don't stamp over age box

Number of days' treatment

N.B. Ensure dose is stated

NHS Number: 1234567890

Endorsements

Prescriber/ initiative description

Endorsement column

Right hand column

Prescribed medication items

Signature of Prescriber

Date

Signature of prescriber

Prescribed date

For dispenser No. of Preschs. on form

Dr A DOCTOR 123456

ANY COST CENTRE NAME

ANY STREET

ANY TOWN, AB1 2CD

TEL. 0123 4567890

ANY CCG

XXX

FP10SS0608

PRINTED SERIAL NUMBER

Prescriber address

3. Overprint Specification

3.1. *White Space at Top of Prescription*

This area is usually 6mm in depth although there is a tolerance of +/- 2.0mm, therefore 8mm should be allowed to ensure the print appears in the correct location for the other areas of the form.

3.2. *Pharmacy Stamp*

No overprinting requirements

3.3. *Patient Details*

3.3.1. *Age and D.O.B*

The age and date of birth shall be printed in the appropriate area under the relevant field name.

The date shall take the format “dd/mm/yyyy”.

The age must be expressed as per the following examples:

Adults: 25y, 102y

Children under 18 years: 1y 2m, 8y 6m, 17y 8m

Infants (up to one year old): may be expressed as months - m, weeks - wks or days as appropriate eg. 3 wks 2 days, 6 wks, 3m 2wks,

The font should be Arial [bold] 7.5pt and centred horizontally.

Vertically the details should be positioned below the relevant heading (within 4mm)

3.3.2. *Title, Forename, Surname, & Address*

The font should be Arial [bold] 7.5pt.

The patient name and address shall be printed in the top right hand box.

There should be a blank line between the name and the first line of the address.

The postcode should appear on the same line as the last line of the address and should be left aligned with the start of the NHS number (if available).

There should be a blank line between the last line of the address and the NHS number.

The NHS number should be printed on the same line as the ‘NHS Number:’ prompt.

The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription.

The use of both upper and lower case letters is allowed.

The format of the patient name should be agreed between the user and the system supplier.

If the patient name and/or address details do not fit into the designated field, a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text

If the NHS Number is not available the field shall be blank.

3.4. Endorsement Column

No prescribing overprinting requirements

3.5. Prescribing Area Prescriber/Initiative

Unless otherwise stated:

- Text should be printed in capitals.
- The font should be Arial [bold] 7 to 10pt (the size of the font may need to be adjusted to ensure the text will fit on to one line).
- Text should be right aligned and there should be a 5mm gap between the last character and the edge of the box.
- Where required the prescriber/initiative description shall be printed at the top of the prescribing area and shall be printed on one line.
- Repeat Dispensed Repeatable Prescription Forms (Authorising Forms) –
Underneath the Prescriber/initiative description **Authorising no. of issues = NN** shall be printed on one line. NN in this instance will be the number of batch issue prescription forms.
- Repeat dispensing prescription forms (batch issue forms) - the prescriber/initiative description shall be printed at the top of the prescribing area and shall be printed on one line.

Table 1: Prescribing Initiative Headings

Prescribing Area Prescriber/Initiative			
Prescriber	Prescriber/Initiative description		
	Acute supply	Repeat Dispensed Repeatable Prescription Forms (Authorising Forms)	Repeat Dispensing Prescription Forms (Batch Issue Forms)
GP prescribers in practice and cost centres parented by a Clinical Commissioning Group (CCG)		GP REPEAT DISPENSING	GP REPEAT DISPENSING
Medical prescribers in cost-centres parented by a provider organisation			
Community Practitioner Nurse Prescribers in practices and cost centres parented by a CCG	COMMUNITY PRACTITIONER NURSE PRESCRIBER	CP NURSE PRESCRIBER REPEAT DISPENSING	CP NURSE PRESCRIBER REPEAT DISPENSING
Nurse Independent/Supplementary Prescribers in practices and cost centres parented by a CCG	NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER	NURSE INDEPENDENT/SP REPEAT DISPENSING	NURSE INDEPENDENT/SP REPEAT DISPENSING
Nurse Independent/Supplementary Prescribers in cost centres parented by a provider organisation	NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER		
Additional prescribers in practices and cost centres parented by a CCG	PHARMACIST PRESCRIBER PODIATRIST PRESCRIBER OPTOMETRIST PRESCRIBER PHYSIOTHERAPIST PRESCRIBER RADIOGRAPHER PRESCRIBER DIETICIAN PRESCRIBER PARAMEDIC PRESCRIBER	PHARMACIST REPEAT DISPENSING PODIATRIST REPEAT DISPENSING OPTOMETRIST REPEAT DISPENSING PHYSIOTHERAPIST REPEAT DISPENSING RADIOGRAPHER REPEAT DISPENSING DIETICIAN REPEAT DISPENSING PARAMEDIC PRESCRIBER	PHARMACIST REPEAT DISPENSING PODIATRIST REPEAT DISPENSING OPTOMETRIST REPEAT DISPENSING PHYSIOTHERAPIST REPEAT DISPENSING RADIOGRAPHER REPEAT DISPENSING DIETICIAN REPEAT DISPENSING PARAMEDIC PRESCRIBER
Additional prescribers in cost centres parented by a provider organisation	PHARMACIST PRESCRIBER PODIATRIST PRESCRIBER OPTOMETRIST PRESCRIBER PHYSIOTHERAPIST PRESCRIBER RADIOGRAPHER PRESCRIBER DIETICIAN PRESCRIBER PARAMEDIC PRESCRIBER		
Community Practitioner Nurse Prescribers in cost centres parented by a provider organisation	COMMUNITY PRACTITIONER NURSE PRESCRIBER		

3.5.1. Hospital Unit Prescribers

The prescriber/initiative description **HOSPITAL PRESCRIBER** shall be printed at the top (as appropriate) of the prescriber area and shall be printed on one line.

If the Hospital Trust requires separate identification between types of hospital prescriber then the text at the top of the prescribing area should contain the type on line 2 and the prescriber PIN should be printed on the third line next to the text **PIN***:

Community Practitioner Nurse Prescriber:

HOSPITAL PRESCRIBER
COMMUNITY PRACTITIONER NURSE PRESCRIBER
PIN: NNANNNNA *

Nurse Independent/Supplementary Prescriber:

HOSPITAL PRESCRIBER
NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER
PIN: NNANNNNA*

Pharmacist Prescriber:

HOSPITAL PRESCRIBER
PHARMACIST PRESCRIBER
PIN: NNNNNNN*

Podiatrist Prescriber:

HOSPITAL PRESCRIBER
PODIATRIST PRESCRIBER
PIN: AANNNNNN*

Optometrist Prescriber:

HOSPITAL PRESCRIBER
OPTOMETRIST PRESCRIBER
PIN: NN-NNNNN*

Physiotherapist Prescriber:

HOSPITAL PRESCRIBER
PHYSIOTHERAPIST PRESCRIBER
PIN: AANNNNNN*

Radiographer Prescriber:

HOSPITAL PRESCRIBER
RADIOGRAPHER PRESCRIBER
PIN: AANNNNNN*

Dietician Prescriber:

HOSPITAL PRESCRIBER
DIETICIAN PRESCRIBER
PIN: AANNNNNN*

Paramedic Prescriber:

HOSPITAL PRESCRIBER
PARAMEDIC PRESCRIBER
PIN: AANNNNNN*

At the bottom of the prescribing area the prescriber's name and initials (and bleep number if available) shall be printed. The font should be Arial [bold] 7.5pt.

A line separating the prescriber's name from the prescribed items should be printed. The line should be within 10 – 15mm from the bottom of the prescribing area.

3.6. Prescribed Medication Items

Prescribing Area: Prescribed Medication Items

There shall be a one line gap between the initiative description and the medication details.

The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area). The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.

For each prescribed medication item, the following must be printed in the stated order on separate lines:

Dictionary of Medicines and Devices (dm+d) Product Name/Description
Dosage/Frequency
Quantity

Where a prescriber endorsement (for example: ACBS, AF, CC, SLS) is required this must be printed after the dm+d name/description and within the body of the order.

For each controlled drug item in schedule 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Tramadol 50mg capsules CD. The medication item description may wrap onto a second line if required.

Dosage/Frequency should be expressed in words without numerical figures e.g. One capsule to be taken three times a day.

Quantity must be expressed in numerical figures without reference to multiplication of packs and/or the strength/size of the prescribed item, and must be followed by the dm+d unit of measure for the prescribed item's pack(s). The numerical figures must not be placed within brackets e.g

28 tablet
100 gram

To comply with legislation for controlled drugs in Schedules 2 and 3 the total quantity must be printed in both words and figures. This requirement to print the quantity in words does not apply to schedule 4, 5, non-controlled drugs or devices

For controlled drugs, in schedule 2 or 3 only, the quantity must be printed in both figures and words in that order; e.g.

56 (Fifty-six) capsule

The representation of the quantity in words must be contained within brackets.

There shall be a one line gap between medication item details and the medication item separator.

Each medication item should be separated by a solid or hashed horizontal line or similar separator.

Any remaining lines between the last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned with the box.

3.7. Right Hand Column

Unless otherwise stated the text shall be printed in capitals and should be Arial [bold] 10pt.

Where required, the 2 character initiative identifier shall be printed in two positions in the right hand column (in the white section and in the green section)

Where required, the 2 character initiative identifier shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears

Repeat Dispensing Prescription Forms (Batch Issue Forms) – in addition to the 2 character initiative identifier of RD, **XX** shall be printed in the right hand column (in the white section) where **XX** is the number of the batch issue form and shall be centred horizontally across the column and positioned vertically within 8mm of the bottom of the white section.

Table 2: Right Hand Column Initiative Headings

Right Hand Column Initiative			
	Prescriber/Initiative description		
Prescriber	Acute Supply	Repeat Dispensed Repeatable Prescription Forms (Authorising Forms)	Repeat Dispensing Prescription Forms (Batch Issue Forms)
GP prescribers in practice and cost centres parented by a Clinical Commissioning Group		RA	RD
Medical prescribers in cost-centres parented by a provider organisation			
Community Practitioner Nurse Prescribers in practices and cost centres parented by a Clinical Commissioning Group	PN	RA	RD
Nurse Independent/Supplementary Prescribers in practices and cost centres parented by a Clinical Commissioning Group	PN	RA	RD
Nurse Independent/Supplementary Prescribers in cost centres parented by a provider organisation	PN		

Additional prescribers in practices and cost centres parented by a Clinical Commissioning Group	SP	RA	RD
Additional prescribers in cost centres parented by a provider organisation	SP		
Community Practitioner Nurse Prescribers in cost centres parented by a provider organisation	PN		
Hospital Unit prescribers	HP		

3.7.1. Prescriber/initiative identifiers

The prescriber/initiative two character identifier is required by the NHSBSA to identify the form type. Three types of 'prescriber' are identified:

- PN – Nurse prescriber
- SP – All other non-medical prescribers
- HP – Hospital prescriber

Please note:

- Both independent and supplementary non-medical prescribers use the SP identifier – this identifier only identifies that the prescriber is a non-medical prescriber and is not a nurse.
- the two character prescriber identifier CN has been obsolete since 01 April 2013 and must never be printed on a prescription.

3.8. Signature of Prescriber

Acute, Repeat Prescribing and Repeat Dispensed Repeatable Prescription Forms (Authorising Forms) have no overprint requirements.

Repeat Dispensing Prescription forms (Batch Issue Forms) have the following overprint requirements.

Text shall be printed on one line

The font should be Arial [bold] 7.5pt to 10pt and right aligned (the size of the font may need to be adjusted to ensure the text will fit on one line)

Where required, **XX** is the number of the batch issue form and **YY** is the total number of batch issues covered by the repeatable prescription.

Table 3: Signature of Prescriber Text

Repeat Dispensing Prescription Forms (Batch Issue Forms)	
Prescriber	Signature of Prescriber
GP prescribers in practice and cost centres parented by a Clinical Commissioning Group	Repeat Dispensing: XX of YY
Community Practitioner Nurse Prescribers in practices and cost centres parented by a Clinical Commissioning Group	Repeat Dispensing: XX of YY
Nurse Independent/Supplementary Prescribers in practices and cost centres parented by a Clinical Commissioning Group	Repeat Dispensing: XX of YY
Additional prescribers in practices and cost centres parented by a Clinical Commissioning Group	Repeat Dispensing: XX of YY

3.9. Date and Prescriber Address

3.9.1. Prescribed Date

The date shall be in format “dd/mm/yyyy”

The font should be Arial [bold] 7.5pt.

The date shall be centred horizontally and vertically below the Date prompt and the bottom edge of the box.

3.9.2. Prescriber Address

Unless otherwise stated:

- The font should be Arial [bold] 7.5pt and left justified, with the exception of the Prescriber PIN, Practice/Cost Centre Code and Trust Site Code.
- The prescriber name shall be printed on the top line of the address box
- There shall be a one line gap before the address.
- There does not need to be a 5mm gap between the last character of the postcode, CCG code or Provider code and the edge of the box.
- The use of both upper and lower case letters is allowed
- The format of the prescriber name/hospital unit should be agreed between the user and the system supplier.
- The prescriber name/hospital unit name and/or address details shall not impinge on the right hand side of the code area. Therefore a set of ‘rules’ should be agreed between the user and the system supplier which shall not involve the wrapping of text.
- The CCG name/Provider name/NHS Trust name shall not impinge upon the right hand side of the code area. Therefore, it is advisable to use the shortened name that has been agreed with NHS Prescription Services.

- The Cost Centre name must be agreed with NHS Prescription Services

Font and position for Prescriber Pin/Trust Site Code and Practice/Cost Centre Code:

- The font should be Arial [bold] 12pt and shall be no less than Arial [bold] 7.5pt.
- The text should be positioned towards the right of the box.
- The Prescriber PIN and Practice/Cost Centre Code should be left aligned with each other.
- There shall be a 5mm gap between the last character and the edge of the box.

Layout example for GP prescribers

TITLE, INITIAL(S), SURNAME	Prescriber PIN
{blank line}	
GP ADDRESS LINE 1	
GP ADDRESS LINE 2	
GP ADDRESS LINE 3	Post Code
GP Practice Telephone Number	
CCG Name	CCG Code

- The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Prescriber PIN.
- The CCG code (Arial [bold] 7.5pt) should appear on the same line as the CCG name but should be left aligned with the Prescriber PIN.

Layout example for Medical prescribers in cost centres parented by a provider organisation

TITLE, INITIAL(S), SURNAME	Prescriber PIN
{blank line}	
Prescriber ADDRESS LINE 1	
Prescriber ADDRESS LINE 2	
Prescriber ADDRESS LINE 3	Post Code
Prescriber Telephone Number	
Provider Name	Provider Code

- The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Prescriber PIN.
- The Provider Code (Arial [bold] 7.5pt) should appear on the same line as the provider name but should be left aligned with the Prescriber PIN.

Preferred layout example for: Community Practitioner Nurse Prescribers in practices and cost centres parented by a CCG, Nurse Independent/Supplementary Prescribers in practices and cost centres parented by a CCG, Additional prescribers in practices and cost centres parented by a CCG

TITLE, INITIAL(S), SURNAME	Prescriber PIN
{blank line}	
SENIOR PARTNER/COST CENTRE NAME	Practice/cost centre code
GP/COST CENTRE ADDRESS LINE 1	
GP/COST CENTRE ADDRESS LINE 2	Post Code
GP/COST CENTRE Telephone Number	
CCG Name	CCG Code

- The postcode (Arial [bold] 7.5pt) should appear on the same line as address 2 but should be left aligned with the Prescriber PIN and Practice/Cost Centre code.
- The CCG code (Arial [bold] 7.5pt) should appear on the same line as the CCG name but should be left aligned with the Prescriber PIN and Practice/Cost Centre code.

Layout example for Nurse Independent/Supplementary Prescribers in cost centres parented by a provider organisation, Community Practitioner Nurse Prescribers in cost centres parented by a provider organisation, Additional prescribers in cost centres parented by a provider organisation

TITLE, INITIAL(S), SURNAME	Prescriber PIN
{blank line}	
COST CENTRE NAME	Cost centre code
COST CENTRE ADDRESS LINE 1	
COST CENTRE ADDRESS LINE 2	Post Code
COST CENTRE Telephone Number	
Provider Name	Provider Code

- The postcode (Arial [bold] 7.5pt) should appear on the same line as address 2 but should be left aligned with the Prescriber PIN and Cost Centre code.
- The Provider Code (Arial [bold] 7.5pt) should appear on the same line as the Provider name should be left aligned with the Prescriber PIN and Cost Centre code.

Layout example for Hospital Unit prescriptions (without individual prescriber code)

HOSPITAL UNIT NAME	TRUST SITE CODE
HOSPITAL ADDRESS LINE 1	
HOSPITAL ADDRESS LINE 2	
HOSPITAL ADDRESS LINE 3	Post Code
Telephone Number	
NHS TRUST Name	NHS TRUST Code

- The Hospital Unit name shall be printed on the top line of the address box.
- The postcode (Arial [bold] 7.5pt) should appear on the same line as address 3 but should be left aligned with the Trust Site Code.
- The NHS Trust Code (Arial [bold] 7.5pt) should appear on the same line as the NHS Trust name but should be left aligned with the Trust Site Code.

4. Code Formats

Table 4: Format for prescriber, practice/cost centre, CCG, NHS Trust, NHS Trust Site and provider codes:

Code	Format	Example
GP/medical prescriber	NNNNNN	954000
Nurse prescriber	NNANNNNA	71A2998E
Pharmacist prescriber	NNNNNNN	2033467
Optometrist prescriber	NN-NNNNN*	01-09491
Podiatrist prescriber	AANNNNNN**	CH029821
Physiotherapist prescriber	AANNNNNN**	PH095159
Radiographer prescriber	AANNNNNN**	RA088262
Dietician prescriber	AANNNNNN**	DT012345
Paramedic prescriber	AANNNNNN**	PA054321
CCG code	NNA	15A
NHS Trust	XXX	RAT
NHS Trust Site	XXXNN	RAT89
Independent Sector Healthcare Provider/Social Enterprise	XXX	NAA
Practice/cost centre	ANNNNN	Y05001

* Optometrist prescriber codes may be 7 or 8 characters long.

** NHS Prescription Services systems require these prescriber codes to be 8 characters long. Additional zeroes (0) should be inserted immediately following the first 2 alpha characters to extend the code to 8 characters as necessary.

N = any number

A = any alpha

X = any number or any alpha or a space

Appendix 1

Prescriber Codes

NHS Prescription Services (NHSRxS) is a service provided by the NHS Business Services Authority (NHSBSA) and uses codes for prescribers and organisations to identify where the prescription costs should be assigned and to provide data about who has prescribed what products.

- Medical prescribers require a single prescriber code on a prescription that identifies both them and the practice or cost centre that they are working in
- Non-medical prescribers need two codes on a prescription one to identify them as an individual prescriber and another to identify the practice or cost centre
- Dentists are not allocated individual prescriber codes. Any costs associated with their prescribing are met by the NHS Commissioning Board as they are responsible for commissioning all dental services.

4.1.1. Medical Prescriber Codes

If a doctor chooses to enter general practice in England a 6 digit number is allocated by NHS Digital. This number is referred to as the Doctor Index Number or DIN.

The DIN is passed to the requesting CCG or organisation acting on their behalf where the authorised signatory will then inform NHSRxS using the appropriate notification form.

- The 6 digit DIN will be used as the prescriber code printed on an FP10 paper prescription and as the prescriber code in the 'Responsible party - AgentPerson.Person.id field' in an EPS Release 2 prescription.

A DIN can only be used in one practice at any given time so where a GP is working in an additional practice or cost centre then the authorised signatory will ask for a spurious code.

(Please note NHSRxS prefix the DIN with a G and add a check digit to create the General Medical Practitioner PPD code that is extracted and supplied to NHS Digital for use within the NHS. This 8 character GMP PPD code must never be used as a prescriber code printed on an FP10 or in an EPS Release 2 prescription).

4.1.1.1. Spurious codes

Spurious codes are only issued for use by medical prescribers as they identify that the prescriber is a medical prescriber. A non-medical prescriber should never use a spurious code. They are issued for a variety of reasons, including:

- As a prescribing code where a GP is working in two or more practices/cost centres and their DIN is being used in their first practice. This allows the monitoring and the correct allocation of 'costs' of the GPs prescribing in each practice/cost centre.

- A locum doctor working in a practice where the GP has resigned (normally single-handed practices)
- Special exercises, projects or initiatives running in the CCG and funded from the CCG prescribing budget. i.e. Dermatology Centres, Hospices etc where prescribing data is not required at individual medical prescriber level

A spurious code will only be issued to GPs whose DIN code is already in use at another practice/cost centre, or for hospital doctors who are not issued with a DIN code. Locum doctors should use the prescribing code of the doctor for whom they are providing locum services (unless there are no GPs left in the practice/cost centre).

Spurious codes like DINs are 6 digit codes and begin with the number 6

4.1.2. Non-Medical Prescriber Codes

A non-medical prescriber uses their professional registration or personal identification number issued by their relevant regulatory body to identify them as an individual prescriber and the practice or cost centre code.

- Both their professional/PIN code and the practice/cost centre code must be printed on an FP10 paper prescription
- In an EPS Release 2 prescription the professional/PIN code should be used as the 'Responsible party' field and the practice/cost centre code as the 'organization' field

4.1.3. Pooled list codes

A pooled list code is a 6 digit code beginning with a 7 and is issued to a GP practice for the purpose of holding the practice's patient list against one central code. This code is **not** a prescriber code and should never appear on prescriptions

Appendix 2 Electronic Prescription Service (EPS)

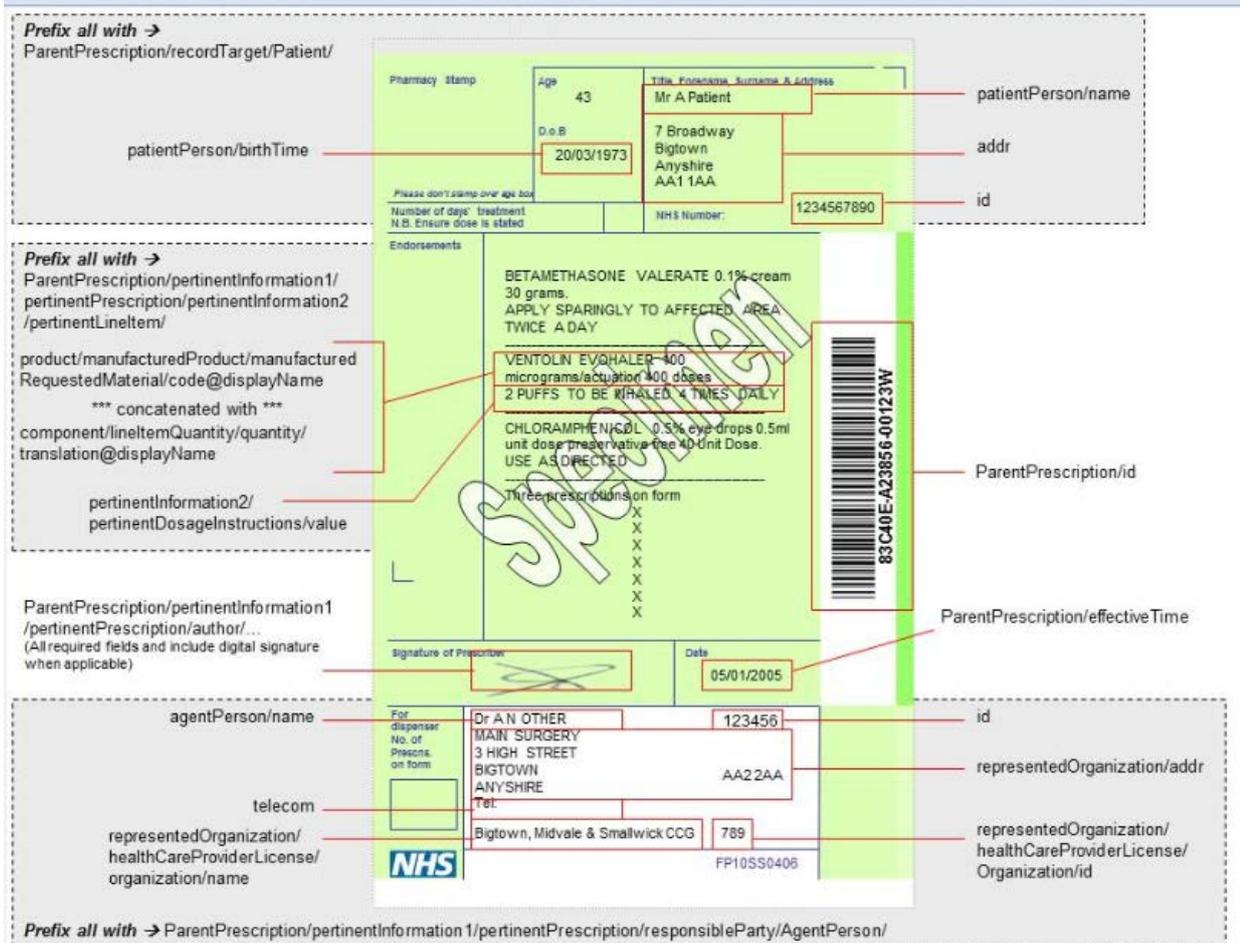
In EPS Release 2 the prescription message is the legal prescription and is signed by the prescriber with an advanced electronic signature (AES).

This appendix has been provided to show how the various fields within the EPS Release 2 prescription message map and relate to the areas on an FP10 prescription. In addition guidance is also provided on how the 'prescription type' relates to the different variants of FP10 prescriptions.

The following diagram shows how the various fields of the EPS Release 2 message relate to the areas on the FP10 paper prescription. This supports but does not replace the EPS Prescribing Systems Compliance Specification (NPFIT-ETP-EDB-0025.29) which can be found at: <http://systems.hscic.gov.uk/eps/library/compliance/index.html>

The Domain Message Specification (DMS) defines how the "Parent Prescription" HL7 message is constructed while the "EPS Prescription Token Specification" defines how the FP10 token is to be printed.

Diagram 1: FP10 / HL7 Cross Reference



The shaded areas refer to XPath references that must first be prefixed. This was to avoid excessively long XPath references within the diagram. Also note that the prescribed medication string is a concatenation of two separate entities within the "PertinentLinItem" entity.

Population of “responsibleParty”

The population of the ‘responsibleParty’ entity is equivalent to the details that would be printed at the bottom of an FP10 prescription.

responsibleParty Required Fields	responsibleParty Population Rules
AgentPerson.id	Where the “AgentPerson.Person.id” prescribing code relates to a clinician then use their SDS Role Profile ID. Where the “AgentPerson.Person.id” prescribing code relates to a service this field must be omitted as smartcards are not issued to services.
AgentPerson.code	Where the “AgentPerson.Person.id” prescribing code relates to a clinician then use their the SDS job role code (returned in the SAML assertion following successful end-user authentication) e.g.“R8003”. Where the “AgentPerson.Person.id” prescribing code relates to a service this field must be omitted as smartcards are not issued to services.
AgentPerson.telecom	A valid telephone number for the prescribing clinician or cost centre. Where a specific telephone number is not available use the same telephone number as provided within the ‘AgentPerson.Organization’ entity.
AgentPerson.Person.name	The name of the prescribing/cost centre clinician or organisation as identified by the ‘AgentPerson.Person.id’ field.
AgentPerson.Person.id	The prescribing code issued by the NHSBSA. The system must be capable of populating all medical and non-medical prescriber codes required by the NHSBSA in the correct format. The OID must be 1.2.826.0.1285.0.2.1.54 E.g.Medic (e.g. any type of GP) – DIN or Spurious Code GP Registrar – GP Trainer’s DIN Nurse – NMC Pharmacist – GPhC
AgentPerson.Organization.id	The ODS code for the clinically responsible organisation. The OID must be 1.2.826.0.1285.0.1.10
AgentPerson.Organization. code	The organization type from the pre-defined vocabulary within the DMS. The DMS vocabulary does not include all NHS organisation types. Until further notice, where an appropriate code for the prescribing organisation does not exist in the DMS vocabulary used the code “999” = “Not Specified”.
AgentPerson.Organization. name	The name of the organisation.
AgentPerson.Organization. telecom	A valid telephone number for the organisation.
AgentPerson.Organization. addr	The postal address of the organisation.
AgentPerson.Organization. healthCareProviderLicense. Organization.id	The ODS code for the commissioning organisation for the clinically responsible organisation. The OID must be 1.2.826.0.1285.0.1.10. In most cases this will be the ODS code of the Clinical Commissioning Group (CCG).
AgentPerson.Organization. healthCareProviderLicense. Organization.name	The name of the commissioning organisation for the clinically responsible organisation. In most cases this will be the name of the Clinical Commissioning Group (CCG).

Cross reference of “Prescription Type” code and prescriber codes

Below is a cross reference of the non-deprecated “Prescription Type” codes that are currently in-scope for EPS Release 2 prescribing together with the relevant mapping to Author and Responsible Party id

Code	Description	Author ‘person.id’¹	Responsible Party ‘person.id’
0101	General Practitioner Prescribing - GP	GMC	Doctor Index Number (DIN) or Spurious Code
0104	General Practitioner Prescribing - Practice employed Nurse Independent/Supplementary prescriber	NMC	NMC
0105	General Practitioner Prescribing - Practice employed Community Practitioner Nurse prescriber	NMC	NMC
0108	General Practitioner Prescribing - Practice employed Pharmacist prescriber	GPhC	GPhC
0113	General Practitioner Prescribing - Practice employed Optometrist	HCPC	HCPC
0114	General Practitioner Prescribing - Practice employed Podiatrist/Chiropodist	HCPC	HCPC
0116	General Practitioner Prescribing - Practice employed Radiographer	HCPC	HCPC
0117	General Practitioner Prescribing - Practice employed Physiotherapist	HCPC	HCPC
0124	General Practitioner Prescribing - Practice employed Supplementary Dietician prescriber	HCPC	HCPC
0125	General Practitioner Prescribing – Independent/Supplementary Paramedic prescriber	HCPC	HCPC

¹This is the personal identification number or professional registration number issued by the relevant regulatory body for the healthcare professional.

- GMC General Medical Council
- NMC Nursing and Midwifery Council
- GPhC General Pharmaceutical Council
- HCPC Health & Care Professions Council

Cross reference of “Prescription Type” code and FP10 paper type and Prescriber Initiative

EPS Prescription Type Code	Description	FP10 paper type	FP10 Prescriber Initiative	Note
0101	Primary Care Prescriber – Medical Prescriber	FP10 SS		
0104	Primary Care Prescriber - Nurse Independent/Supplementary prescriber	FP10 SS	PN	
0105	Primary Care Prescriber - Community Practitioner Nurse prescriber	FP10 SS	PN	
0108	Primary Care Prescriber - Pharmacist Independent/Supplementary prescriber	FP10 SS	SP	
0113	Primary Care Prescriber – Optometrist Independent/Supplementary prescriber	FP10 SS	SP	
0114	Primary Care Prescriber – Podiatrist/Chiropodist Independent/Supplementary prescriber	FP10 SS	SP	
0116	Primary Care Prescriber – Radiographer Independent/Supplementary prescriber	FP10 SS	SP	
0117	Primary Care Prescriber - Physiotherapist Independent/Supplementary prescriber	FP10 SS	SP	
0124	Primary Care Prescriber – Dietician Supplementary prescriber	FP10 SS	SP	New code to support Dietician Supplementary Prescribers
0125	Primary Care Prescriber – Paramedic Independent/Supplementary prescriber	FP10 SS	SP	New code to support Paramedic Prescribers

EPS Prescription Type Code	Description	FP10 paper type	FP10 Prescriber Initiative	Note
0123	Primary Care Prescriber - Hospital prescriber	FP10 SS	HP	Currently out of scope for EPS – Hospital unit prescribers prescribing on FP10 prescriptions for dispensing in the Community.
0607	Dental Prescribing - Dentist	FP10 D		Currently out of scope for EPS and no overprinting requirements for dental forms as hand written pads

Retired codes that must no longer be used cross referenced with 'code that can be used be used'

EPS Prescription Type Code	Description	FP10 paper type	FP10 Prescriber Initiative	Note
0001	General Practitioner Prescribing			Medical prescriber use 0101
0002	Intentionally left blank			n/a
0003	Nurse Practitioner Prescribing			Nurse prescriber use either 0104 or 0105 depending upon qualification of nurse
0004	Hospital Prescribing			Out of scope for EPS
0006	Dental Prescribing			Out of scope for EPS
0007	Supplementary Prescriber Prescribing			Use appropriate prescription type depending upon type of prescriber eg 0108, 0113, 0114, 0116, 0117, 0124
0009	General Practitioner Prescribing: Private			Private prescribing not in scope for EPS
0012	Extended Formulary Prescriber			'Extended Formulary' Nurse Prescribers no longer exist. A nurse prescriber would use 0104 or 0105 depending upon their qualification
0102	General Practitioner Prescribing - Trainee Doctor/GP Registrar	FP10 SS		Code retired 01 September 2016 Medical prescriber use 0101
0103	General Practitioner Prescribing - Deputising Services	FP10 SS		Code retired 01 September 2016 Medical prescriber use 0101
0106	General Practitioner Prescribing - PCT employed Nurse Independent/Supplementary prescriber	FP10 SS	CN	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a nurse employed as an Independent or Supplementary prescriber use 0104
0107	General Practitioner Prescribing - PCT employed Community Practitioner Nurse prescriber	FP10 SS	CN	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a nurse employed as a Community Practitioner nurse prescriber use 0105
0109	General Practitioner Prescribing - PCT employed Pharmacist prescriber	FP10 SS	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a pharmacist employed as a prescriber use 0108
0110	General Practitioner Prescribing - Locum	FP10 SS		Code retired 01 September 2016

				Medical prescriber use 0101
0119	General Practitioner Prescribing - PCT employed Podiatrist/Chiropodist	FP10 SS	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a podiatrist/chiropodist employed as a prescriber use 0114
0120	General Practitioner Prescribing - PCT employed Optometrist	FP10 SS	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For an optometrist employed as a prescriber use 0113
0121	General Practitioner Prescribing - PCT employed Radiographer	FP10 SS	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a radiographer employed as a prescriber use 0116
0122	General Practitioner Prescribing - PCT employed Physiotherapist	FP10 SS	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a physiotherapist employed as a prescriber use 0117
0304	Nurse Practitioner - Practice employed Nurse Independent/Supplementary prescriber	FP10 P	PN	Code retired 01 September 2016 For a nurse employed as an Independent or Supplementary prescriber use 0104
0305	Nurse Practitioner - Practice employed Community Practitioner Nurse prescriber	FP10 P	PN	Code retired 01 September 2016 For a nurse employed as a Community Practitioner nurse prescriber use 0105
0306	Nurse Practitioner - PCT employed Nurse Independent/Supplementary prescriber	FP10 P	CN	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a nurse employed as an Independent or Supplementary prescriber use 0104
0307	Nurse Practitioner - PCT employed Community Practitioner Nurse prescriber	FP10 P	CN	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a nurse employed as a Community Practitioner nurse prescriber use 0105
0406	Hospital Prescribing - Hospital Prescriber	FP10 NC	HP	Out of scope
0708	Supplementary Prescribing - Practice employed Pharmacist	FP10 P	SP	Code retired 01 September 2016 For a pharmacist employed as a prescriber use 0108
0709	Supplementary Prescribing - PCT employed Pharmacist	FP10 P	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a pharmacist employed as a prescriber use 0108
0713	Supplementary Prescribing - Practice employed Optometrist	FP10 P	SP	Code retired 01 September 2016 For an optometrist employed as a prescriber use 0113
0714	Supplementary Prescribing - Practice employed Podiatrist/Chiropodist	FP10 P	SP	Code retired 01 September 2016 For a podiatrist/chiropodist employed as a prescriber use 0114
0716	Supplementary Prescribing - Practice employed Radiographer	FP10 P	SP	Code retired 01 September 2016 For a radiographer employed as a prescriber use 0116

0717	Supplementary Prescribing - Practice employed Physiotherapist	FP10 P	SP	Code retired 01 September 2016 For a physiotherapist employed as a prescriber use 0117
0718	Supplementary Prescribing - PCT employed Optometrist	FP10 P	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For an optometrist employed as a prescriber use 0113
0719	Supplementary Prescribing - PCT employed Podiatrist/Chiropodist	FP10 P	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a podiatrist/chiropodist employed as a prescriber use 0114
0721	Supplementary Prescribing - PCT employed Radiographer	FP10 P	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a radiographer employed as a prescriber use 0116
0722	Supplementary Prescribing - PCT employed Physiotherapist	FP10 P	SP	Code obsolete <u>must</u> not be used as PCTs abolished 01 April 2013 For a physiotherapist employed as a prescriber use 0117

Appendix 3 Examples of Overprinted FP10 prescriptions

GP Prescribers in practices and cost centres parented by a Clinical Commissioning Group – Acute Supply (acute and repeat prescribing)

Pharmacy Stamp	Age 8y 6m D.o.B 01/02/2008	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD
Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated		NHS Number: 1234567890
Endorsements		
Signature of Prescriber		Date
For dispenser No. of Prescs. on form	Dr A DOCTOR ANY COST CENTRE NAME ANY STREET ANY TOWN, AB1 2CD TEL. 0123 4567890 ANY CCG	123456 XXX
NHS PRINTED SERIAL NUMBER		FP10SS0608

GP Prescribers in practices and cost centres parented by a Clinical Commissioning Group – Repeat Authorising

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
D.o.B 01/01/1971		MR A PATIENT		
Please don't stamp over age box		ANY STREET		
Number of days' treatment		ANY TOWN		
N.B. Ensure dose is stated		ANY COUNTY		
		ANY REGION		AB1 2CD
		NHS Number:		1234567890
Endorsements		GP REPEAT DISPENSING		RA
		Authorising no. of issues = 12		
Signature of Prescriber		Date		
For dispenser No. of Prescs. on form	Dr A DOCTOR	123456		RA
<input type="checkbox"/>	ANY COST CENTRE NAME ANY STREET ANY TOWN, AB1 2CD TEL. 0123 4567890 ANY CCG	XXX		
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

GP Prescribers in practices and cost centres parented by a Clinical Commissioning Group – Repeat Dispensing

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address MR A PATIENT	
		D.o.B 01/01/1971	ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box		NHS Number: 1234567890		
Number of days' treatment N.B. Ensure dose is stated				
Endorsements		GP REPEAT DISPENSING		RD
Signature of Prescriber		Date		
Repeat Dispensing: 6 of 12				6
For dispenser No. of Prescns. on form	Dr A DOCTOR	123456	RD	
	ANY COST CENTRE NAME ANY STREET ANY TOWN, AB1 2CD TEL. 0123 4567890 ANY CCG	XXX		
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

Community Practitioner Nurse Prescribers in practices and cost centres parented by a Clinical Commissioning Group

1. Acute Supply (acute and repeat prescribing)

Pharmacy Stamp		Age	Title, Forename, Surname & Address	
		3m 2wks	MR A PATIENT	
		D.o.B	ANY STREET ANY TOWN ANY COUNTY ANY REGION	
		01/04/2016	AB1 2CD	
Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated		NHS Number:		1234567890
Endorsements	COMMUNITY PRACTITIONER NURSE PRESCRIBER			PN
Signature of Prescriber		Date		
For dispenser No. of Prescs. on form	MS A NURSE	NNANNNNA		PN
	SNR PTR / COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY CCG			
		FP10SS0608		
PRINTED SERIAL NUMBER				

2. Repeat Authorising

Pharmacy Stamp	Age 45y D.o.B 01/01/1971	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box		NHS Number:	1234567890
Number of days' treatment N.B. Ensure dose is stated			
Endorsements CP NURSE PRESCRIBER REPEAT DISPENSING Authorising no. of issues = 12			RA
Signature of Prescriber		Date	
For dispenser No. of Preschs. on form	MS A NURSE	NNANNNNA	RA
	SNR PTR / COST CENTRE NAME	XXXXXX	
	ANY STREET		
	ANY TOWN	AB1 2CD	
	0123 4567890		
	ANY CCG	XXX	
		FP10SS0608	
PRINTED SERIAL NUMBER			

3. Repeat Dispensing

Pharmacy Stamp		Age	Title, Forename, Surname & Address	
NHS		3m 2wks	MR A PATIENT	
D.o.B		01/04/2016	ANY STREET ANY TOWN ANY COUNTY ANY REGION	
Please don't stamp over age box			AB1 2CD	
Number of days' treatment N.B. Ensure dose is stated			NHS Number: 1234567890	
Endorsements		CN NURSE PRESCRIBER REPEAT DISPENSING		RD
Signature of Prescriber		Repeat Dispensing: 6 of 12		6
For dispenser No. of Prescs. on form	MS A NURSE	NNANNNA	RD	
	SNR PTR / COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY CCG			
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

Nurse Independent/Supplementary Prescribers in practices and cost centres parented by a Clinical Commissioning Group – Acute supply (acute and repeat prescribing)

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
		D.o.B 01/01/1971	MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated		NHS Number:		1234567890
Endorsements NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER			PN	
Signature of Prescriber		Date		
For dispenser No. of Preschs. on form	MS A NURSE	NNANNNA		PN
	SNR PTR / COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY CCG			
		FP10SS0608		
PRINTED SERIAL NUMBER				

Additional prescribers in practices and cost centres parented by a Clinical Commissioning Group – Acute supply (acute and repeat prescribing)

1. Optometrist Prescriber

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
		D.o.B 01/01/1971	MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box			NHS Number: 1234567890	
Number of days' treatment N.B. Ensure dose is stated				
Endorsements		OPTOMETRIST PRESCRIBER		SP
Signature of Prescriber		Date		
For dispenser No. of Prescs. on form	MR AN OPTOMETRIST	NN-NNNNN		SP
	SNR PTR / COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY CCG			
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

2. *Pharmacist Prescriber*

Pharmacy Stamp	Age 45y D.o.B 01/01/1971	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box		NHS Number: 1234567890	
Number of days' treatment N.B. Ensure dose is stated	Endorsements PHARMACIST PRESCRIBER		SP
Signature of Prescriber		Date	
For dispenser No. of Preschs. on form	MS A PHARMACIST SNR PTR / COST CENTRE NAME ANY STREET ANY TOWN 0123 4567890 ANY CCG	NNNNNNN XXXXXX AB1 2CD XXX	SP
		FP10SS0608	
PRINTED SERIAL NUMBER			

3. Podiatrist Prescriber

Pharmacy Stamp		Age 45y D.o.B 01/01/1971	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD
Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated		NHS Number: 1234567890	
Endorsements		PODIATRIST PRESCRIBER	SP
Signature of Prescriber		Date	
For dispenser No. of Prescs. on form	MR A PODIATRIST	AANNNNNN	SP
	SNR PTR / COST CENTRE NAME	XXXXXX	
	ANY STREET		
	ANY TOWN	AB1 2CD	
	0123 4567890		
	ANY CCG	XXX	
		FP10SS0608	
PRINTED SERIAL NUMBER			

Community Practitioner Nurse Prescribers in cost centres parented by a provider organisation – Acute supply (acute and repeat prescribing)

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
D.o.B 01/01/1971		MR A PATIENT		
Please don't stamp over age box		ANY STREET		
Number of days' treatment		ANY TOWN		
N.B. Ensure dose is stated		ANY COUNTY		
		ANY REGION		AB1 2CD
		NHS Number:		1234567890
Endorsements				PN
COMMUNITY PRACTITIONER NURSE PRESCRIBER				
Signature of Prescriber		Date		
For dispenser No. of Prescns. on form	MS A NURSE	NNANNNA		PN
	ANY COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY PROVIDER			
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

Nurse Independent/Supplementary Prescribers in cost centres parented by a provider organisation – Acute supply (acute and repeat prescribing)

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
D.o.B 01/01/1971		MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD		
Please don't stamp over age box		NHS Number: 1234567890		
Number of days' treatment N.B. Ensure dose is stated				
Endorsements NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER		PN		
Signature of Prescriber		Date		
For dispenser No. of Preschs. on form	MS A NURSE	NNANNNA		PN
<input type="checkbox"/>	ANY COST CENTRE	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY PROVIDER			
NHS	FP10SS0608			
PRINTED SERIAL NUMBER				

Additional prescribers in cost centres parented by a provider organisation – Acute supply (acute and repeat prescribing)

1. *Optometrist Prescriber*

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
		D.o.B 01/01/1971	MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box			NHS Number: 1234567890	
Number of days' treatment		N.B. Ensure dose is stated		
Endorsements		OPTOMETRIST PRESCRIBER		SP
Signature of Prescriber		Date		
For dispenser No. of Prescns. on form	MR AN OPTOMETRIST	NN-NNNNN		SP
	ANY COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY PROVIDER			
NHS		FP10SS0608		
PRINTED SERIAL NUMBER				

2. *Pharmacist Prescriber*

Pharmacy Stamp		Age 45y	Title, Forename, Surname & Address	
		D.o.B 01/01/1971	MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box		NHS Number:		1234567890
Number of days' treatment N.B. Ensure dose is stated				
Endorsements	PHARMACIST PRESCRIBER			SP
Signature of Prescriber		Date		
For dispenser No. of Prescs. on form	MS A PHARMACIST	NNNNNNN	SP	
	ANY COST CENTRE NAME	XXXXXX		
	ANY STREET	AB1 2CD		
	ANY TOWN	XXX		
	0123 4567890			
	ANY PROVIDER			
	FP10SS0608			
PRINTED SERIAL NUMBER				

3. Podiatrist Prescriber

Pharmacy Stamp	Age 45y D.o.B 01/01/1971	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD	
Please don't stamp over age box		NHS Number:	1234567890
Number of days' treatment N.B. Ensure dose is stated	Endorsements PODIATRIST PRESCRIBER		SP
Signature of Prescriber	Date		
For dispenser No. of Preschs. on form	MR A PODIATRIST	AANNNNNN	SP
	ANY COST CENTRE NAME	XXXXXX	
	ANY STREET		
	ANY TOWN	AB1 2CD	
	0123 4567890		
	ANY PROVIDER	XXX	
	FP10SS0608		
PRINTED SERIAL NUMBER			

Hospital Unit without Individual Prescriber Code

Pharmacy Stamp		Age 45y D.o.B 01/01/1971	Title, Forename, Surname & Address MR A PATIENT ANY STREET ANY TOWN ANY COUNTY ANY REGION AB1 2CD
Please don't stamp over age box		NHS Number: 1234567890	
Number of days' treatment N.B. Ensure dose is stated		Endorsements HOSPITAL PRESCRIBER HP	
Signature of Prescriber		Date	
For dispenser No. of Prescns. on form	HOSPITAL UNIT NAME XXXXXX HOSPITAL NAME HOSPITAL ADDRESS LINE 1 HOSPITAL ADDRESS LINE 2 AB1 2CD TEL. 01234 567890 ANY TRUST XXXXXX		HP
NHS		FP10SS0608	
PRINTED SERIAL NUMBER			