

## PRESCRIPTION SUBMISSION FORM

Please ensure the following:-

- 1 Prescriptions must not be endorsed.
- 2 Prescriptions must not be stamped.
- 3 All prescriptions are signed by the prescriber.
- 4 The reverse of the prescription is completed in full.

If you have any queries, please contact the Agency Processing Department on 01253 881290.							
	TO BE COMPL	ETED B		OSTOMED USE ONLY			
#	Patient Name		Script Number		Received	C	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Number of Scripts Sent Account Number					Number of Scripts Received		
Sent by (Print)					Receive	ed by	Date In