

## Prescription Request eForm

### How to submit a request for prescription pads

To submit a request for prescription pads enter your details or make a selection when prompted on the eForm. Fields marked with a red asterisk are mandatory and must be completed for the form to be submitted.

- Enter your Cipher Number in this field

**Cipher Number \***

- Enter you first and last name in this field

**Name**

First

Last

- Enter your email address in this field

**Email**

- Select the order date from the calendar

**Order Date \***

May 2021						
SU	MO	TU	WE	TH	FR	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

- Select prescriber type by clicking the circle (only one option can be selected)

**Prescriber Type: \***

Non-Medical Prescribers include: Nurse Independent Supplementary Prescribers, Pharmacist Independent Supplementary Prescribers, Physiotherapists, Podiatrists, Radiographers, Optometrists

- GP
- Dentist
- Community Nurse Practitioner Prescriber
- Non Medical Prescriber
- Registered PCD1 Prescriber
- Registered Pharmacy Prescriber
- Registered SP1 Prescriber
- Registered SP2 Prescriber

- Select type of prescription pad required (only one option can be selected, where applicable, if more than one type of prescription pad is required a separate eForm must be submitted for each type)

**Please send the following: \***

- HS21X
- HS21XCS

\*\* Only one selection per order is permitted, if you require more than one type of prescription pad a separate eForm must be submitted for each type \*\*

- Some prescription pads require you to select a quantity, click on the arrow and select a quantity

HS21X - Please select quantity required \*

- To submit the request click on the submit button



- The confirmation message below shows your form has been submitted



Family Practitioner Services Online eServices

## Prescription Request Form

Prescription Request Form

Thank you – your order has been submitted

- If all mandatory fields have not been actioned an error message will appear at the top of the form (see below)

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**There was a problem with your submission. Errors have been highlighted below.**

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- The fields that require further action will be highlighted in red, once you complete all mandatory fields click on the submit button again. You should then see the confirmation message below.



Family Practitioner Services Online eServices

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Thank you – your order has been submitted