



# **Guidance for Prescription Security in Primary Care**

**Information for Primary Care Practices**

## Change History

Page Number	Change Details	Date
1	Information for <b>primary care practices</b>	March 2021
7	<b>Prescription security procedures and protocols</b> The practice should have a written protocol signed up to by all staff outlining procedures for the management of prescription security on all practice sites e.g. in a branch surgery <b>or part time dental or ophthalmic practice.</b>	March 2021
7	<b>Prescription security procedures and protocols</b> Processes must be in place to ensure that new staff, locums and trainees are made aware of the Procedures (replaces GP trainees).	March 2021
9	The register can be disposed of after two years, i.e. Two years after the last date of receipt  Two years after the last date of issue	March 2021
9	<b>Links to prescription order eform and guidance Updated</b> <a href="https://www.hscni.net/prescription-request-form">Prescription Request Form (hscni.net)</a> <a href="https://www.hscni.net/prescription-request-eform-user-guide.pdf">Prescription-Request-eForm-user-guide.pdf (hscni.net)</a>	Oct 2023
10	<b>Receipt of Prescription Forms</b> In the event, that on receipt of a delivery of prescriptions an issue is identified e.g. the order of prescriptions is not complete, prescriptions are damaged etc. the nominated member of practice staff should contact the company from whom the prescriptions are ordered in a timely way (within 24 hours) to report the issue and securely store the delivered prescriptions whilst awaiting further	Sept 2023

	<p>instruction. Where appropriate the practice should take photographic evidence of any issue e.g. damaged prescriptions.</p> <p>Where a practice considers that a delivery of prescriptions has been tampered with e.g. there is a suspicion that prescriptions have been stolen then this should be reported to Counter Fraud Services as detailed at the following link: Report Fraud   Counter Fraud and Probitry Services (CFPS) (hscni.net)</p>	
11	<p><b>Issue of prescription forms</b></p> <p>For locums and trainees, these should be from a pad for the GP whose Cipher number the prescriber is working under.</p>	March 2021
14	<p><b>Link to PCD1 application form</b></p> <p><a href="#">Private Prescribing of CD's - Business Services Organisation (BSO) Website (hscni.net)</a></p>	Oct 2023
14	<p>Non Medical Prescribers <b>cannot</b> order stock prescriptions.</p> <p><a href="http://primarycare.hscni.net/download/DocLibrary/un-categorised/190221_Letter-to-GPsCPs_CD-Stock-Orders-Additional-Learning.pdf">http://primarycare.hscni.net/download/DocLibrary/un-categorised/190221_Letter-to-GPsCPs_CD-Stock-Orders-Additional-Learning.pdf</a></p>	March 2021

	<p><b>Stock prescriptions</b></p> <p>For non-health service use (e.g. private use), a standard stock requisition form (CDRF1) must be used to obtain stocks of Schedule 2 and 3 CDs. Headed notepaper can continue to be used for private stock requisitions of Schedule 4 and 5 CDs.</p>	
15	<p><b>Stolen/Missing prescriptions</b></p> <p>CFPS Fraud Hotline (Tel: 0800 0963396) OR Tel: 028 9536 3852. (email: cfs@hscni.net)</p> <p>Missing/Stolen prescriptions for Controlled Drugs must always be reported to the Department of Health Controlled Drugs Accountable Officer, (DoH CDAO) Dr Lisa Byers, by submitting any correspondence to the CDAO mail box.</p> <p><a href="mailto:ControlledDrugsAccountableOfficer@health-ni.gov.uk">ControlledDrugsAccountableOfficer@health-ni.gov.uk</a></p> <p>This email box will be subject to appropriate access controls in order to meet requirements of Data Protection law.</p>	<p>March 2021</p> <p>April 2022</p>
17	<p><b>Disposing of obsolete prescription forms</b></p> <p>In some circumstances, blank prescription forms will become obsolete and must be destroyed, for example:</p> <p>There is a GP practice arrangement change. All forms should be destroyed and new prescriptions for the new practices used.</p> <p>The prescriber leaves or retires from the practice to which the cipher is registered.</p>	<p>March 2021</p>

	<p>Physiotherapy and Nurse prescribers employed by HSC Trusts must return unused prescriptions to their employer.</p> <p>NMPs: If the prescriber leaves or move to another practice they must also contact the relevant Approver (SPPG/PHA or Trust) to ensure the cipher is removed from use, and a new cipher issued if required.</p> <p>All references to HSCB replaced by SPPG.</p>	<p>Oct 2023</p>
--	---	-----------------

## Contents

1. Introduction.....	7
2. Prescription Security Procedures and Protocols.....	7
3. Register of Prescriptions Forms.....	8
4. Ordering New Prescription Forms.....	9
5. Receipt of Prescription Forms.....	10
6. Issue of Prescription Forms.....	11
7. Storage of Prescription Forms.....	11
8. Signed Forms awaiting collection.....	13
9. Private Prescriptions PCD1.....	14
10. Stock Prescriptions.....	14
11. Stolen/ Missing Prescriptions.....	15
12. Preventing the alteration of written prescriptions.....	16
13. Additional guidance for dispensing doctors .....	17
14. Disposing of obsolete prescription forms.....	17
15. Audit of prescription security.....	18
16. Appendices .....	19-30

## **1. Introduction**

Theft and misuse of blank or legitimately completed prescriptions signed by an authorized practitioner is an area for concern as these forms can be used to obtain drugs, often controlled drugs, illegally for recreational use, unsupervised treatment of an illness or health condition, or for onward sale. Given current problems with drug misuse across Northern Ireland and potential adverse effects on the prescribing budget, it is essential that all prescribers and other staff who handle prescription forms are vigilant in adhering to procedures that reduce the risk of prescription theft and misuse. There are already a number of security measures that have been built into prescription forms to prevent theft and fraudulent use such as ultraviolet markings, coloured backgrounds and serial numbers. These are less effective if poor security measures allow theft of the forms in the first instance.

The effective management of prescription forms e.g. how they are stored and accessed by authorized prescribing and non-prescribing staff is very important and there should be appropriate security policies, procedures and systems in place in each practice. This guidance has been designed to assist practices in developing their own procedures and systems to ensure the security of prescription forms held within the practice and by practitioners when attending patients outside of their practice.

## **2. Prescription Security Procedures and Protocols**

- The practice should have a written protocol signed up to by all staff outlining procedures for the management of prescription security on all practice sites e.g. in a branch surgery or part time dental or ophthalmic practice.
- A register should be maintained on each site detailing information about prescriptions ordered, received and taken for use.
- Nominated person(s) should be appointed to take responsibility for prescription security procedures e.g. Practice Manager (PM) and Clinical Governance Lead (CGL).

- All staff should be made aware of prescription security procedures through training. A list of those staff members trained and date of training must be kept. Processes must be in place to ensure that new staff, locums and trainees are made aware of the procedures.
- Only appropriately trained staff should be allowed to generate prescriptions.
- Passwords should not be shared. Computer generated prescriptions can be identified by an audit trail.
- An annual review should be carried out to ensure appropriate systems are in place, and are being adhered to.

The following issues should be considered when developing procedures for HS21, stock and PCD1 prescription forms and in the day-to-day management of prescription forms in practices.

### **3. Register of Prescription Forms**

A register formally recording the ordering, receipt and issue of prescription forms must be kept. Serial numbers for prescriptions received and issued should be recorded. See Appendices 1-6.

A register should include details of the following for each prescriber /Cipher number:

- Date of order and name of person placing the order
- Number of prescriptions ordered
- Name of person who received and stored prescriptions and date received
- Quantity/Serial numbers of prescriptions received
- Name of prescriber on the prescription
- Date, quantity and serial numbers issued for use
- Person who removed from store
- Prescriber (or prescription terminal) they will be used by

Separate sections should be kept for each type of prescription form e.g. computer (Appendix 1), handwritten (Appendix 2), stock

(Appendix 3) and PCD1 forms (Appendix 4). Separate pages should be used for each prescriber including non-medical prescribers.

A log should be kept of prescriptions issued to all prescribers who do not have their own Cipher number. See Appendix 6.

The register can be disposed of after two years i.e.

- two years after the last date of receipt
- two years after the last date of issue

*On advice of HSCB Information Governance Team until further review of DoH Good Management Good Records, February 2021.*

#### **4. Ordering New Prescription Forms**

**From 1<sup>st</sup> July 2021** reordering of **all** prescription forms for use in Primary Care **has moved to an online form**. Once the online form has been completed and submitted it will automatically go to DLRT for processing and applicants will receive an electronic copy of the submission for their records.

Applicants can no longer email or post a request form to DLRT.

**Links to the online form and a user guide can be found on the Business Services website:**

[Prescription Request Form \(hscni.net\)](https://www.hscni.net/prescription-request-form)

[Prescription-Request-eForm-user-guide.pdf \(hscni.net\)](https://www.hscni.net/prescription-request-eform-user-guide.pdf)

DLRT (NI) Ltd will only deliver to the registered practice address and will not deliver to alternative addresses or branch practices. If practices have branch sites, it is the responsibility of the practice to arrange the secure transport of prescription pads to these locations. A standard operating procedure covering the transportation to branch practices should be in place and all staff made aware of this. It is

important that if prescriptions are transported via car, they should be stored out of sight e.g. in a locked boot.

**An acceptable stock level should be set for each type of prescription for each practitioner and orders placed accordingly. Forms should be ordered only by nominated person(s). Entries should be made on the appropriate pages of the register as outlined in Section 3.**

## **5. Receipt of Prescription Forms**

Deliveries should be signed for by a nominated and trained member of practice staff. Each box of prescriptions is labelled by the supplier for the practitioner whose scripts are contained in it. Incidents have occurred where practices have received deliveries intended for other practices. As this signature is obtained electronically by the courier and there is no paper delivery note, it is imperative that a check is carried out on each box to ensure the delivery is for the correct practice and practitioner. Additionally each time a box of prescriptions is opened for use a check should also be carried out to ensure the prescriptions are for the correct practitioner noted on the label. Prescription forms **should not** be left at an alternative address (e.g. neighbour) for onward delivery to the practice later.

In the event, that on receipt of a delivery of prescriptions an issue is identified e.g. the order of prescriptions is not complete, prescriptions are damaged etc. the nominated member of practice staff should contact the company from whom the prescriptions are ordered in a timely way (within 24 hours) to report the issue and securely store the delivered prescriptions whilst awaiting further instruction. Where appropriate the practice should take photographic evidence of any issue e.g. damaged prescriptions.

Where a practice considers that a delivery of prescriptions has been tampered with e.g. there is a suspicion that prescriptions have been stolen then this should be reported to Counter Fraud Services as detailed at the following link: [Report Fraud | Counter Fraud and Probity Services \(CFPS\) \(hscni.net\)](https://www.hscni.net/counter-fraud-and-probity-services)

The person signing for the delivery should ensure the person who placed the order is informed. Entries should be made on the appropriate pages of the register as outlined in Section 3.

## **6. Issue of prescription forms**

When a new supply of prescriptions is issued for use to a prescriber or terminal, entries should be made on the appropriate pages of the register as outlined in Section 3.

A limited number of handwritten forms should be issued to prescribers. For locums and GP trainees, these should be from a pad for the GP whose Ciper number the prescriber is working under.

Unused forms must be returned at the end of any employment period (e.g. day or week). The returned forms should be returned to secure storage and a record made in the register (Appendix 6a).

## **7. Storage of Prescription Forms**

- Unused forms should be kept in a secure locked area to which access is kept to a minimum number of nominated people.
- A named person (PM or CGL) should be responsible for checking prescription storage and registers at regular intervals. This should include obtaining assurances from all prescribers working regularly in the practice, including GP trainees and locums, that unused forms in their possession are still secure.
- Forms should be stored in chronological order of delivery to facilitate audit/review.
- For handwritten and stock forms, it is good practice for only one working pad per GP/ Practitioner to be in use at any one time.
- For PCD1 forms it is good practice for only one prescription form per GP/Practitioner to be taken for use at any one time.
- A limited number of forms should be taken for home visits or other use outside the practice.
- Forms should not be left unattended or unsecured at any time in the practice or in a car. All forms, including handwritten forms, should be kept in a locked drawer/cabinet in the practice

when not in use and in a locked bag when removed from the practice. In exceptional cases when handwritten/stock forms are necessary in consulting rooms, these should be secured when a practitioner leaves the room regardless of the reason or length of time.

- If computerised prescriptions need to be removed from the printer e.g. when another prescriber is using the room, they should be securely stored.

## 8. Signed Forms awaiting collection

- For GP practices where a pharmacy prescription collection service is operational, only designated members of the pharmacy staff should collect prescriptions and this should be documented in the practice's prescription collection policy. A record should be kept of prescriptions collected on behalf of patients to ensure an audit trail is available.
- Where prescriptions are collected by a third party e.g. taxi driver on behalf of a pharmacy, the practice should endeavour to place a tamper-evident seal (such as a sticker stamped with the practice name and address) on the envelope.
- Signed forms must be stored where they cannot be accessed by the public and removed from the counter to a secure drawer if practice staff are not at the counter.
- Uncollected prescriptions should be locked away securely at the end of each day.
- On **no account** should a box of signed prescriptions be handed to a person who is not a member of practice staff to find a prescription e.g. community pharmacy collection staff.
- Measures should be taken to determine the identity of the person collecting a prescription as documented in the practice's acute/repeat prescribing protocol, especially for prescriptions for medication liable to abuse or where large numbers of prescriptions are collected by one person.
- Ideally prescriptions should not be posted. However, if this is necessary, systems should be in place to minimise risk. If no other method of prescription transfer is available and consent has been obtained from the patient (and documented in their notes), then a secure postal service is recommended i.e. 'Special Delivery' mail. A record should be kept of all prescriptions posted.
- It is good practice to obtain a signature from the person collecting prescriptions for Schedule 2 and 3 controlled drugs to facilitate an audit trail.
- A procedure should be in place to ensure that uncollected prescriptions are destroyed promptly, usually a month after issue, and a record made in the patient's notes.

## 9. Private CD Patient Prescribing (PCD1) Forms

Private prescriptions for Schedule 2 and 3 CDs (including Temazepam and Tramadol) must be written on a standard private prescription PCD1 form and the prescription should be written in line with CD prescription requirements. If a supply of PCD1 forms is required **the prescriber** must complete a PCD1 application form. This form can be downloaded from the BSO website.

Link to PCD1 application form

[Private Prescribing of CD's - Business Services Organisation \(BSO\) Website \(hscni.net\)](#)

The completed application form should be emailed to [pcd1applications@hscni.net](mailto:pcd1applications@hscni.net) or alternatively a signed hard copy can be sent to the address on the form.

Not all practices or prescribers will require PCD1 forms and they should only be ordered if there is an ongoing need for them in the practice.

## 10. Stock Prescriptions

- The ordering and receipt of stock prescriptions by GPs for NHS purposes (HS21S forms) should be recorded in the same way as other prescription forms.
- It is recommended that only one pad of HS21S forms per GP is ordered at a time. Each GP with Cipher number should use their own HS21S stock order forms to order stock drugs.
- For GP Locums, GP trainees and other GPs without their own Cipher number may also require stock drugs, including controlled drugs. This may be facilitated by using another GP's HS21S stock form. Authorisation for this should be given by the GP whose name appears on the HS21S form. The form should be signed by the GP locum, GP trainee or other GP for whom the stock is intended and their name written in block capitals on the line indicated. Stock prescriptions should be subject to the

same safe storage requirements as other prescription forms.

- **Non Medical Prescribers cannot order stock prescriptions.** [http://primarycare.hscni.net/download/DocLibrary/uncategorised/190221\\_Letter-to-GPsCPs\\_CD-Stock-Orders-Additional-Learning.pdf](http://primarycare.hscni.net/download/DocLibrary/uncategorised/190221_Letter-to-GPsCPs_CD-Stock-Orders-Additional-Learning.pdf)
- The bottom (yellow) copy of the stock prescription should be retained by practice for a **minimum of two years** and stored in designated file for future reference.
- It is good practice to use this copy as a check to ensure that all ordered items have been received. It should be signed to confirm receipt and retained in the practice.
- For non-health service use (e.g. private use), a standard stock requisition form (CDRF1) must be used to obtain stocks of Schedule 2 and 3 CDs. Headed notepaper can continue to be used for private stock requisitions of Schedule 4 and 5 CDs.

## 11. Stolen/ Missing Prescriptions

Theft of prescriptions can occur with either blank and/or completed prescriptions and as such prescription security requires constant vigilance. If a stolen prescription is presented for dispensing, this is a false representation and will become a fraud investigation.

If prescriptions are stolen or missing the practice should notify:

- Local Pharmacy & Medicines Management Office, HSCB

<i>Contact Details for Local Integrated Care Offices:</i>				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street  Belfast  BT2 8BS	12-22 Linenhall Street  Belfast  BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena  BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
<a href="mailto:pharmacyservicesbelfast@hscni.net">pharmacyservicesbelfast@hscni.net</a>	<a href="mailto:pharmacyservicesse@hscni.net">pharmacyservicesse@hscni.net</a>	<a href="mailto:pharmacyservicesouth@hscni.net">pharmacyservicesouth@hscni.net</a>	<a href="mailto:pharmacyservicesnorth@hscni.net">pharmacyservicesnorth@hscni.net</a>	<a href="mailto:pharmacyserviceswest@hscni.net">pharmacyserviceswest@hscni.net</a>

### AND

- CFPS Fraud Hotline (Tel: 0800 0963396) OR Tel: 028 9536 3852. (email: [cfs@hscni.net](mailto:cfs@hscni.net))

- Local district police station - ring 0845 6008000 to get local office number

Nurse prescribers and Physiotherapists employed by the Trusts must also inform their line manager.

Missing/Stolen prescriptions for Controlled Drugs must always be reported to the Department of Health Controlled Drugs Accountable Officer (DoH CDAO), **Dr Lisa Byers**, by submitting any correspondence to the CDAO mail box.

[ControlledDrugsAccountableOfficer@health-ni.gov.uk](mailto:ControlledDrugsAccountableOfficer@health-ni.gov.uk)

This email box will be subject to appropriate access controls in order to meet requirements of Data Protection law.

Assume “lost” prescriptions are stolen until evidence is available to the contrary. There is an obligation on each prescriber to check if the volume of their own handwritten pad is going down unexpectedly. The risk of forms being stolen or going missing can be reduced if they are taken out of storage only a few at a time.

## **12. Preventing the alteration of written prescriptions**

Prescriptions obtained in good faith by members of the public can be fraudulently altered in two ways,

- the number associated with the medication to be dispensed is altered to increase the quantity or strength
- extra medication is added to the prescription

The patient may either be obtaining the medication to consume themselves or to sell on to others.

In order to prevent the unauthorised addition of medication it is recommended that the clinical system is configured to ensure the unused section of the prescription form is printed over to prevent additions e.g. endorsed with a large X.

### **13. Additional guidance for dispensing doctors**

When submitting prescription forms for payment to the BSO dispensing doctors must ensure that they use the correct form of transport e.g. recorded delivery. They must not use forms of transport that are intended for purposes other than the transportation of prescription forms e.g. medical records courier.

### **14. Disposing of obsolete prescription forms**

In some circumstances, blank prescription forms will become obsolete and must be destroyed, for example:

- There is a GP practice arrangement change, all forms should be destroyed and new prescriptions for the new practice used.
- The prescriber leaves or retires from the practice to which the cipher is registered.
- Prescribing status is withdrawn for any reason.

Obsolete prescription forms should be destroyed according to the practice's confidential waste policy and records kept of the destruction.

A record should be kept of forms destroyed (including start and end serial numbers), date and method of destruction, signature of authorising practitioner and signature of person doing the destroying.

Physiotherapy and Nurse prescribers employed by HSC Trusts must return unused prescriptions to their employer.

It should be remembered that cipher numbers for all non medical prescribers are practice specific. If the prescriber leaves or move to another practice they must also contact the relevant Approver (SPPG/PHA or Trust) to ensure the cipher is removed from use, and a new cipher issued if required. Failure to do this in a timely manner has both governance and budgetary implications.

[Non Medical Prescribing – Primary Care Intranet \(hscni.net\)](http://hscni.net)

## **15. Audit of prescription security**

A nominated individual (PM or CGL) should carry out a monthly reconciliation of the prescription register. Forms held by long term GP locums, GP trainees, salaried GPs and NMPs should be included in this check. An annual audit of prescription security using the SPPG Audit Tool is also recommended.

<http://primarycare.hscni.net/pharmacy-and-medicines-management/non-clinical-resources/prescription-security/>

Any adverse incident should be reviewed promptly by relevant members of the practice team and appropriate actions taken, including notification of other agencies as required (see section 11). An adverse incident form should be completed and submitted to the SPPG to allow learning from incidents to be shared.

<http://primarycare.hscni.net/general-medical-services-gms/governance-2/risk-management/>

**APPENDIX 1a**

**COMPUTER PRESCRIPTIONS RECEIVED**

**Prescriber Name** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

<b>Date ordered</b>	<b>Ordered by</b>	<b>Number ordered</b>	<b>Date received</b>	<b>Serial numbers</b>	<b>Stored by</b>

**APPENDIX 1b**

**COMPUTER PRESCRIPTIONS ISSUED**

**Prescriber Name:** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

<b>Date taken for use</b>	<b>Serial numbers (from- to)</b>	<b>Taken by</b>	<b>Destination e.g. Printer 1</b>	<b>Serial Numbers Returned</b>

**APPENDIX 2a**

**HANDWRITTEN PRESCRIPTIONS RECEIVED**

**Prescriber Name:** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

<b>Date ordered</b>	<b>Ordered by</b>	<b>Number ordered</b>	<b>Date received</b>	<b>Serial numbers</b>	<b>Stored by</b>

**Appendix 2b**

**HANDWRITTEN PRESCRIPTIONS ISSUED**

**Prescriber Name:** \_\_\_\_\_ **Cipher Number:** \_\_\_\_\_

<b>Date taken for use</b>	<b>Serial numbers (from- to)</b>	<b>Taken by</b>	<b>Given to (Prescriber name)</b>

**Appendix 3a**

**STOCK PRESCRIPTIONS RECEIVED BY GENERAL PRACTICE**

**Prescriber Name:** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

<b>Date ordered</b>	<b>Ordered by</b>	<b>Number ordered</b>	<b>Date received</b>	<b>Serial numbers</b>	<b>Stored by</b>

Appendix 3b

**STOCK PRESCRIPTIONS ISSUED**

Prescriber Name: \_\_\_\_\_

Cipher Number: \_\_\_\_\_

<b>Date taken for use</b>	<b>Serial numbers (from- to)</b>	<b>Taken by</b>	<b>Given to (GP name)</b>

**Appendix 4a**

**Private Controlled Drug PCD1 Prescriptions received**

**Prescriber Name:** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

<b>Date ordered</b>	<b>Ordered by</b>	<b>Number ordered</b>	<b>Date received</b>	<b>Serial numbers</b>	<b>Stored by</b>

**Appendix 4b**

**Private Controlled Drug PCD1 Prescriptions issued**

<b>Date taken for use</b>	<b>Serial numbers (from- to)</b>	<b>Taken by</b>	<b>Given to (GP name)</b>

**Prescriber Name:** \_\_\_\_\_

**Cipher Number:** \_\_\_\_\_

**Appendix 5a**

**CDRF1 Private Stock forms for Schedule 2 and Schedule 3 CDs RECEIVED**

Prescriber Name: \_\_\_\_\_ Cipher Number: \_\_\_\_\_

Date ordered	Ordered by	Number ordered	Date received	Serial numbers	Stored by

## Appendix 5b

### CDRF1 Private forms for Schedule 2 and Schedule 3 CDs ISSUED

Date taken for use	Serial numbers (from- to)	Taken by	Given to (GP name)

Prescriber Name: \_\_\_\_\_

Cipher Number: \_\_\_\_\_

## Appendix 6a

### Handwritten Prescriptions issued to Other Prescribers who do not have a Cipher number

<b>Date taken for use</b>	<b>Serial numbers From To</b>	<b>Name of practitioner on form</b>	<b>Issued to:</b>	<b>GMC Number (or equivalent for other prescribers)</b>	<b>Serial numbers used</b>	<b>Serial numbers returned</b>	<b>Date returned / checked by</b>

**Appendix 6b**

**Stock Prescriptions issued to Other Prescribers who do not have a Cipher number**

<b>Date taken for use</b>	<b>Serial number</b>	<b>Name of practitioner on form</b>	<b>Issued to:</b>	<b>GMC Number (or equivalent for other prescribers)</b>