

Guidance for Prescription Security in Primary Care

Information for Primary Care Practices

July 2026

Full Guidance Revised July 2026

Date of Review: July 2028

Change History

Page No.	Change Details	Date
1	Information for primary care practices	March 2021
7	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.	March 2021
7	Prescription security procedures and protocols 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	Links to prescription order eform and guidance Updated Prescription Request Form (hscni.net) Prescription-Request-eForm-user-guide.pdf (hscni.net)	Oct 2023
11	Receipt of Prescription Forms 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	Sept 2023

	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) All references to DLRT replaced with Paragon.	July 2026
11	Issue of prescription forms For locums and trainees, these should be from a pad for the GP whose Cipher number the prescriber is working under.	March 2021
14	Link to PCD1 application form Private Prescribing of CD's - Business Services Organisation (BSO) Website (hscni.net)	Oct 2023
14	PCD1 Application forms can no longer be submitted via hard copy, only by email	July 2026
14	Non Medical Prescribers cannot order stock prescriptions. http://primarycare.hscni.net/download/DocLibrary/uncategorised/190221_Letter-to-GPsCPs_CD-Stock-Orders-Additional-Learning.pdf	March 2021

	Stock prescriptions 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.	
15	Stolen/Missing prescriptions CFPS Fraud Hotline (Tel: 0800 0963396) OR Tel: 028 9536 3852. (email: cfs@hscni.net) 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 This email box will be subject to appropriate access controls in order to meet requirements of Data Protection law.	March 2021 April 2022
15	Title changed to Missing and Stolen Prescriptions. This section has been broken up into two distinct parts, Missing Prescriptions and Stolen Prescriptions. Additional detail and actions added to strengthen guidance, with clarification given on how to handle lost and stolen prescriptions.	July 2026

17	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 practices used. The prescriber leaves or retires from the practice to which the cipher is registered.	March 2021
17	An NMPP2 form should be completed to deactivate the NMP cipher number when the prescriber leaves the Practice. The eform can be found here: Non-Medical Prescribing – Primary Care Intranet (hscni.net) Actions added for private providers who no longer need PCD1 forms or retire, leave or change practice/clinic they work from.	July 2026

	Physiotherapy and Nurse prescribers employed by HSC Trusts must return unused prescriptions to their employer. 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. All references to HSCB replaced by SPPG.	Oct 2023
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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 1st 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 Paragon for processing and applicants will receive an electronic copy of the submission for their records.

A link to the Prescription Request Form and a user guide can be found using the links below.

Online Request Form – [Prescription Re-Ordering Online Form](#)

User Guide – [Prescription Request eForm user guide](#)

Paragon 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-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 Cipher 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 Prescribing of CDs for patients (PCD1 Forms)

Private prescriptions for Schedule 2 and 3 CDs (including Temazepam and Tramadol) must be written on a standard private prescription PCD1 form to comply with the Controlled Drugs Legislation. PCD1 forms must be written in line with CD prescription requirements. If a supply of PCD1 forms is required **the prescriber** must apply by completing 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 \(hscni.net\)](http://www.hscni.net/private-prescribing-of-cds-business-services-organisation-bso-website)

The completed application form should be emailed to pcd1applications@hscni.net. This application form will contain personal information so please ensure it is emailed in a safe and secure manner.

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 a 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) who 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.**
- The bottom (yellow) copy of the stock prescription should be retained by the 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. Link to CDRF1 form which can be downloaded: [Northern Ireland Private CD Stock Requisition Form \(Schedules 2 & 3\)](#)

11. Missing and Stolen Prescriptions

Missing Prescriptions

Missing prescriptions can include either blank or completed prescription forms and should be considered as a potential theft. The occurrence must be investigated thoroughly, documented and

reported appropriately. Depending on the circumstances, notification to more than one organisation may be required. If a stolen prescription is presented for dispensing, this constitutes a false representation and will result in a fraud investigation.

Practices should compile a record of all prescriptions to be issued. The individual collecting the prescriptions should sign to acknowledge receipt and the practice should retain a copy.

Where there is information loss, responsibilities under GDPR should be considered. A formal report to the Information Commissioner's Office may be required, depending on the nature and volume of the information lost and the potential detriment to the data subjects. For further information on obligations under Data Protection Legislation, please see <https://ico.org.uk/>.

Blank Prescription Forms

Each prescriber is responsible for maintaining the security of their prescription pads and should promptly investigate any unexpected reduction in the number of remaining prescriptions.

- Check the prescription serial numbers and identify the missing forms.
- Search the practice thoroughly to confirm they cannot be located.
- Report the loss to relevant authorities; SPPG local office, Counter Fraud and Probity Services and Police Service of NI (See table below for relevant contact details).
- Trust employed non-medical prescribers must also inform their line manager.
- Investigate the circumstances of the loss and address any procedural weaknesses identified to prevent recurrence.
- Document the incident and any actions taken.
- Ensure all relevant staff are aware of the occurrence and any associated training requirements, SOP updates and other actions arising from the incident.

Completed Prescription Forms

a) Issued to a Patient

- Check the patient and prescription collection records to establish that the prescription has been issued from the practice.
- Advise the patient or their representative to conduct a thorough search.
- Consider advising the patient or their representative to report the loss to the police. Factors to consider include recurring trends, unexplained losses, a high volume of missing prescriptions or any potential risk to the public arising from the nature of the medication involved.
- Consider if the incident requires reporting to the SPPG local office and Counter Fraud and Probity Services.
- If CDs are involved a report must be made to the Controlled Drugs Accountable Officer (CDAO) via the online portal.
- Assess the clinical risk and determine whether a replacement prescription is appropriate as per practice policy on managing requests for duplicate prescriptions. If a replacement prescription is issued;
 - Endorse reprinted prescriptions with the word 'DUPLICATE' as this will assist the identification of such prescriptions.
 - Alternatively, consider issuing a smaller quantity to allow time for the original prescription to be found.
- Investigate the circumstances of the loss and address any procedural weaknesses identified to prevent recurrence.
- Document the incident and any actions taken.
- Ensure all relevant staff are aware of the occurrence and any associated training requirements, SOP updates and actions arising from the incident.

b) Issued to a Pharmacy (Lost in Transit)

- Thoroughly search the practice consultation rooms and offices, pharmacy collection envelopes and patient prescription collection box.
- Check prescription collection records to establish that the prescription has been issued from the practice.
- Link directly with the Responsible Pharmacist (RP) to confirm that the missing prescription cannot be found and consider if the incident requires reporting to Counter Fraud and Probity Services and Police Service of NI.
- Report to the SPPG local office.
- If CDs are involved a report must be made to the CDAO via the online portal.
- If a replacement prescription is issued;
 - Endorse reprinted prescriptions with the word 'DUPLICATE' as this will assist the identification of such prescriptions.
- Investigate the circumstances of the loss and address any procedural

weaknesses identified to prevent recurrence.

- Document the incident and any actions taken.
- Ensure all relevant staff are aware of the occurrence and any associated training requirements, SOP updates and actions arising from the incident.

Agency	Example circumstance	Report
CD Accountable Officer (CDAO)	Any CD prescription (all schedules) missing, stolen or otherwise unaccounted for.	https://www.cdreporting.co.uk/tool/home Please do not include patient identifiable information on this form. Further information on how to report is available at: CDAO-Letter-to-all-General-Practices-NI-RE New-CD-Reporting-Website-Jan-2026.pdf This will also generate a report to the SPPG local office, therefore a report will not be required in addition. Private providers, including dental practices, must notify the CDAO by email to the CDAO mailbox. ControlledDrugsAccountableOfficer@health-ni.gov.uk This email box will be subject to appropriate access controls in order to meet requirements of Data Protection law.
Police Service of Northern Ireland (PSNI)	Missing blank prescriptions (single or pads) due to high risk of misuse Obvious theft (caught in act, broken into, opportunistic grab) Actual or suspected theft, diversion or fraud by members of staff including delivery staff. High risk medication involved	https://reporting.psni.police.uk/report/crime Note: Crime in progress or any immediate danger- phone 999
Counter Fraud and Probity Services (CFPS)	Circumstances requiring a police report should also be reported to CFPS	CFPS Fraud Hotline (Tel: 0800 0963396 or email: cfs@hscni.net)

	Circumstances requiring a service alert to be issued	
SPPG Local Office: Pharmacy and Medicines Management Team (PMMT)	All stolen, diverted or suspected fraudulently used prescriptions.	pharmacyservicesbelfast@hscni.net ; pharmacyservicesse@hscni.net ; pharmacyservicessouth@hscni.net ; pharmacyservicesnorth@hscni.net ; pharmacyserviceswest@hscni.net If a report has been completed via the CD Reporting portal then a separate report to the SPPG local office is not required.

Stolen 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, SPPG
- Counter Fraud and Probity Services (CFPS)
- Police Service of Northern Ireland (PSNI)
- Line manager, if Trust employed
- If CDs are involved a report **must** be made via the online portal

Each prescriber is responsible for maintaining the security of their prescription pads and should promptly investigate any unexpected reduction in the number of remaining prescriptions.

The risk of forms being stolen can be reduced if only a small number are removed from storage at a time.

Assume “lost” prescriptions **pads** are stolen until evidence is available to the contrary.

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. An NMPP2 form should be completed to deactivate the NMP cipher number when the prescriber leaves the Practice. The eform can be found here: [Non-Medical Prescribing – Primary Care Intranet \(hscni.net\)](http://hscni.net)

Private PCD1 Prescription Forms

If you leave, retire from, or cease working at your current practice/clinic, any unused PCD1 prescription forms must be destroyed in accordance with the practice/clinic's confidential waste policy, and a record of the destruction should be retained.

If PCD1 prescription forms are no longer required, please notify **pcd1applications@hscni.net** so that your cipher number can be deactivated; once deactivated, you will no longer be able to order PCD1 forms.

Should you move to a different practice/clinic, a new application for PCD1 prescription forms must be submitted and approved for the new premises before forms can be issued.

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:** _____

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

Appendix 1b

COMPUTER PRESCRIPTIONS ISSUED

Prescriber Name: _____

Cipher Number: _____

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

Appendix 2a

HANDWRITTEN PRESCRIPTIONS RECEIVED

Prescriber Name: _____

Cipher Number: _____

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

Appendix 2b

HANDWRITTEN PRESCRIPTIONS ISSUED

Prescriber Name: _____ Cipher Number: _____

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

Appendix 3a

STOCK PRESCRIPTIONS RECEIVED BY GENERAL PRACTICE

Prescriber Name: _____

Cipher Number: _____

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

Appendix 3b

STOCK PRESCRIPTIONS ISSUED

Prescriber Name: _____

Cipher Number: _____

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

Appendix 4a

Private Controlled Drug PCD1 Prescriptions received

Prescriber Name: _____

Cipher Number: _____

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

Appendix 4b

Private Controlled Drug PCD1 Prescriptions issued

Prescriber Name: _____

Cipher Number: _____

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

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

Prescriber Name: _____

Cipher Number: _____

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

Appendix 6a

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

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

Appendix 6b

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

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