

Prescriber Name		Prescriber GMC Number	
Representative Name		Role of Representative	
Date of Clinic		Clinic Speciality	
Prescriber Signature		Representative Signature	

Number of Prescriptions Required:

Please order minimum quantity needed - maximum of 10

This form must be retained by the clinic for 2 years. The representative **MUST also sign the Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting form to state they have been returned. This record is then retained in outpatients.**