

Appendix B - Request record for prescription stationery for a telemedicine/telephone clinic

Prescription Stationery Collection Form for Telephone consultations outside of Outpatient Dept. This must be completed in **ADDITION** to Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting recording sheet

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										

р	erial resc ecord	ript	ion	su	ppli	ied.	Issued By (Name & signature)	Signature of representative collecting prescriptions (Must be the same as above)	Signature of prescriber receiving prescriptions (Must be same as above)	Used by prescriber. Each line to be signed or write 'unused' in box	Signature of representative collecting and returning unused prescriptions Sign against each line to be returned	Received back in outpatients Name and Signature of Nurse

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.

