

THAMES VALLEY PRIMARY CARE AGENCY

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HANTS/IOW - PHARMACY STATIONERY REQUISITION

Practice Stamp:	Contact Name:
	Contact No:
	Date:

PLEASE ALLOW 2 WEEKS FOR DELIVERY

FORM No.	DESCRIPTION	No. REQUIRED
FP 57	Receipt for prescription charges	Pads
FP95	Prescription charges prepayment certificate	
FP 1010	Peak flow chart	Books
OATBOOK	Oral Anticoagulant Record Book	
OATCARD	Anticoagulant Alert Card	
OATINFO	Oral Anticoagulant Information Pack	
OATPACK	Oral Anticoagulant Pack	
OATSHEET	Oral Anticoagulant Record Sheet	
PIBD	Information Book for Insulin Dependent Diabetics	
IPB	Passport for Insulin Dependent Diabetics	
ST 1	Steroid treatment cards	
Lithium Book	Lithium Record Book	
Lithium Info	Lithium Information Book	
Lithium Pack	Lithium Pack	
MTB	Methotrexate Treatment Book	
EHC1	Emergency Hormonal Contraception Claim Form	
EHC2	Emergency Hormonal Contraception Monitoring Form	
Please Note	EHC forms are not used by IOW practices and Individual Client forms are available from your Area Team	
HC 1	Help with NHS Charges	
HC 12	Charges and Optical Voucher Sales	
RD2	Repeat Dispensing Information Leaflet For Patients	
FP10CDF	CDF Requisition form	
FP10DT	EPS Release 2 Dispensing Token (Max 8 Boxes. 2,000 in a box)	Boxes
FP30E	Pharmacy requisition forms	

Signature:

Print Name:
