

<b>PHARMACISTS ORDER FORM</b>
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**NAME:** .....

**ADDRESS:** .....

**AUTHORISED SIGNATURE** .....

**Please note this order cannot be processed unless it is signed by an approved signatory**

	TITLE	QUANTITY
<b>FP57</b>	Refund of prescription charges	
<b>FP95</b>	Application for prepayment certificates	
<b>FP1010</b>	Peak Flow meter charts	
	Donor cards	
	Steroid treatment cards	
<b>FP10CDF</b>	Controlled drug requisition form	
<b>OAT PACK</b>	Contains record sheet, record book and alert card	
<b>OAT SHEET</b>	Treatment record sheet	
<b>OAT BOOK</b>	Record book	
<b>OAT ALERT CARD</b>	Alert card	
<b>HC1</b>	Claim for help with health costs	
<b>RD1 (0403)</b>	Repeat dispensing – patient agreement form	
<b>RD2 (0403)</b>	Repeat dispensing information leaflet for patients	
<b>FP10DT</b>	Dispensing token	

**PLEASE FORWARD TO: STORES DEPARTMENT, CHESHIRE HEALTH AGENCY  
1829 BUILDING, COUNTESS OF CHESTER HEALTH PARK  
LIVERPOOL ROAD, CHESTER, CHESHIRE CH2 1 DU**

**QUERIES:** 01244 650404    **FAX:** 01244 650425    **EMAIL TO:** office.services@wcheshirepct.nhs.uk