

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

Regulation 2

REPEAT DISPENSING FORMS

PART 1

REPEATABLE PRESCRIPTION

Pharmacy Stamp	Age DoB	Title, Forename, Surname & Address	
Number of days treatment NB. Ensure dose is stated			
[GP] or [NURSE] or [PHARMACIST](a) REPEAT DISPENSING Authorising no. of issues = [example] i2		RA	
[TO BE SIGNED BY PRESCRIBER]		[DATE]	
<input type="checkbox"/> <input checked="" type="checkbox"/>	[prescriber's and contractor's name, address and telephone no.] PCT NAME CODE		RA

(a) One option to be chosen here to reflect the status of the prescriber.

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PART 2 BATCH ISSUE

Pharmacy Stamp	Age DoB	Title, Forename, Surname & Address	
Number of days treatment NB. Ensure dose is stated			
[GP] or [NURSE] or [PHARMACIST](a) REPEAT DISPENSING		RD	
Repeat dispensing: [example] 6 of 12		<i>[print the date repeats authorised]</i>	[example] 6
<input type="checkbox"/> <input checked="" type="checkbox"/>	<i>[prescriber's name and contractor's name, address and telephone no.]</i>		RD
PCT NAME CODE			

(a) One option to be chosen here to reflect the status of the prescriber.