Pharmacy Stamp

Age
Example

D.o.B
Example

Please don't stamp over age box

Title, Forename, Surname & Address
Patient's name and address

Number of days' treatment
N.B. Ensure dose is stated
3

NHS Number: Example

Endorsements

Nitrofurantoin MR 100mg capsules. Take one twice a day

Signature of Prescriber
Example

Date
01.01.14

For dispenser
No. of Prescns. on form
1

Prescriber's name organisation address

NHS

FP10SS0608

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