

<i>Pharmacy Stamp</i>		Age D o B	Name (including forename and address)		
		<i>Dispenser's Endorsement</i>	Number of days' treatment N.B. Ensure dose is stated	NP	<i>Pricing Office</i>
Pack & Quantity		(Large empty area for pack and quantity details)			(Vertical strip for pricing office)
Signature of Prescriber					
<i>For Dispenser</i> No. of Prescns. On form <input type="text"/>		Dr Davies 1 The surgery New town			FP10C 0899
		PATIENTS – please read the notes overleaf			