

### **FP10NC Distribution Record**

## [Unit name]

Date of	Serial Number of	Details of Issue				
issue	prescription	Patient's NHS Number	Prescriber's Name	Job Title	Signature	

#### **Please Note:**

A copy of each FP10 MUST be added to the patient's paper notes or uploaded to their Lorenzo record

This is your record of distributing FP10NC prescription pad(s) to other prescribers working in the same team, following your collection from Pharmacy at Trust Headquarters. You must retain this form for two years after the last entry.



# **Spoiled FP10 Destruction Log**

## **Location:**

Date	Serial number	Destroyed by	Witnessed by