

FP10 Distribution Record

Serial Number		Date Collected	Prescriber's Name	Job Title	Signature	Collected? (please tick)	Returned? (please tick)
From	To						

Please Note:

This is your record of distributing FP10 prescription form(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