



PRESCRIBING STAFF SPECIMEN SIGNATURES

1. Each pharmacy department must be familiar with the signatures of all the prescribers whose prescriptions it may encounter. Specimen signatures are also required in order to check a doctor's countersignature on Controlled Drug Orders*.
2. The Medical Staffing office and/or prescriber should provide the hospital pharmacy departments with a specimen signature form for newly-appointed medical staff. Permanent medical staff and non-medical prescribers should provide a new specimen signature every 2 years, using this form.
3. Please send, by post, or email completed copies of this form to the relevant hospital pharmacy. Non-medical prescribers must also provide a copy to the NMP administrator by emailing to _____ or sending to The Lodge, (Courier code 34).
4. The pharmacy departments reserve the right to query any unknown signatures and may refuse to dispense a prescription or supply Controlled Drugs if the signature cannot be recognised.

* Legislation require that orders to the hospital pharmacy of another organisation for stock supplies of Controlled Drugs must be countersigned by a doctor



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Name:		
Position:	Directorate:	
Full signature:	Initials used:	Date:
Trust e-mail address:		
Contact telephone no:		
GMC / NMC / GPhC / HCPC registration (PIN) number:		
Date of appointment:	Locum / permanent	Expected finish date (locums):
Name of Consultant / Manager :		
Full signature of Consultant / Manager:	Date:	
<p>Please email a copy of this form to the hospital pharmacy that supplies medication to the ward / unit where you work:</p> <ul style="list-style-type: none"> Pharmacy Dept., Rochford Hospital epunft.pharmacyorders@nhs.net Pharmacy Dept, Mile End Hospital elft.pharmacyluton@nhs.net for Robin Pinto Pharmacy Dept Chelford Court elft.pharmacyluton@nhs.net for Woodlea Pharmacy Dept Chelford Court epunft.pharmacyorders@nhs.net 		

SAMPLE - DO NOT USE