

CD REQUIREMENT ON FP10

Prescriptions must be written and signed in indelible ink by the person issuing it with his usual signature and dated by him. (Carbon copies not permitted.)

SPECIMEN		Patient's Name & Address
R _x	Patch DUROGESIC 25	
DOSE FORM or TTS is acceptable	25 mcg/hr	STRENGTH per dosage unit
	Apply one patch every 3rd day.	DOSE DIRECTION NB: more than one patch may be required. See data sheet for dose recommendations
TOTAL QUANTITY of dosage unit in words and figures	Mitte ⑤ Patches	
SIGNATURE		DATE

The Home Office has expressed the view that a computer generated date is NOT acceptable

For further information see BNF guidelines on prescribing CD Regulations