

Controlled Drug Prescriptions

- ☐ Patient **name** and **address**
- ☐ Patient **DOB** if under 12 years old
- ☐ Patient **NHS number**
- ☐ **Drug name**
- ☐ **Dose** (*'As directed' is not permitted*)
- ☐ **Formulation**
- ☐ **Strength**
- ☐ Total **quantity** in words and figures
- ☐ **Diagonal line** under/ 'No more items on this prescription'
- ☐ Prescriber **signature** and **address**
- ☐ **Date** of issue
- ☐ *if instalment prescription, instalment amount and interval
- ☐ *if issued by dentist 'for dental treatment only'