



## Prescription 1

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
<u>Morphine oral solution</u> Morphine HCl 5mg Chloroform Water to 5ml To be used as directed 100mL		
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Signature of Prescriber 		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
		FP10SS0515

## Prescription 2

Mr R. Coweley BSc. M.R.C.V.S

Veterinary Practice

87 Great Yarmouth Street

Midlands

Date: 29/02/2020

For Dolly the cat

Weights: 24kg

Animal Owner:

Ms Majorie Bradmouth

35 Chester Gardens

Midlands

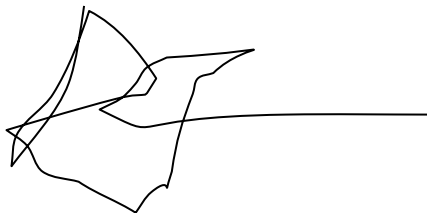
Rx: Phenobarbital 30mg tablets

1 daily



60 tablets

Repeat x 3

Signed:

A handwritten signature in black ink, consisting of a series of loops and a long horizontal line extending to the right.

### Prescription 3

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Zopiclone 7.5mg tablets		
Take ONE daily as directed		
56 tablets		
<div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div> <div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div> <div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div> <div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div> <div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div> <div style="display: flex; justify-content: space-around;"><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div><div>*</div></div>		
Signature of Prescriber 		Date 29/01/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
		FP10SS0515



## Prescription 4

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
<b>Pharmacist Independent Prescriber</b> MST 10mg tablets		
Take ONE tablet every 12 hours		
60 (sixty) tablets		
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* * * * *		
Signature of Prescriber <i>Santa</i>		Date 29/02/2020
For dispenser No. of Prescs. on form	Dr S. Spencer 123456 Mountwood Surgery Mountwood SE11 5SW	
NHS		FP10SS0515

## Prescription 5

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Diazepam 5mg tablets Take TWO at night 28 tablets		
Dispense daily starting from 25/03/2020		
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* * * * *		
Signature of Prescriber <i>Santa</i>		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
NHS		FP10SS0515


## Prescription 6

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Sativex		
Use as directed		
Mitte: 1xOP		
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Signature of Prescriber 		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
		FP10SS0515

## Prescription 7

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements	<p>PRIVATE DOCTOR</p> <p>MST Continus 30mg tablets</p> <p>Take ONE twice daily</p> <p>60 (sixty) tablets</p>	
Signature of Prescriber <i>Santa</i>		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456666 Mountwood Surgery Mountwood SE11 5SW	
Postcode		FP10PCDNC0406

## Prescription 8

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Fentanyl transdermal patches 25mcg		
Apply as directed		
5 (five) patches		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div><div style="width: 50%;">*</div></div>		
Signature of Prescriber		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
		FP10SS0515

Prescription 9

PRIVATE PRESCRIPTION

Dr B.Raymond

Harley Street Practice

London

WC1N 4DB

GMC: 4570895

29/02/2020

Patient: Mr John Stuart

34 Acre Lane

Bexleyheath

SE11 9TH

Buprenorphone 200mcg tablets

Take TWO tablets at NIGHT

Dispense 20 (twenty)

Dr B.Raymond

A handwritten signature in black ink, appearing to be 'B. Raymond', with a long horizontal line extending to the right.

Prescriber code: 1231231

## Prescription 10

Pharmacy Stamp	Age	Title, Forename, Surname & Address Mr Simon Kennedy North End Road Fulham SW1A 1AA
	D.o.B	
Please don't stamp over age box		NHS Number:
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Morphine suppositories		
Use ONE as directed		
10 (ten) suppositories		
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* * * * *		
* * * * *		
Signature of Prescriber <i>Santa</i>		Date 29/02/2020
For dispenser No. of Prescns. on form	Dr S. Raymond 456123 Mountwood Surgery Mountwood SE11 5SW	
NHS		FP10SS0515