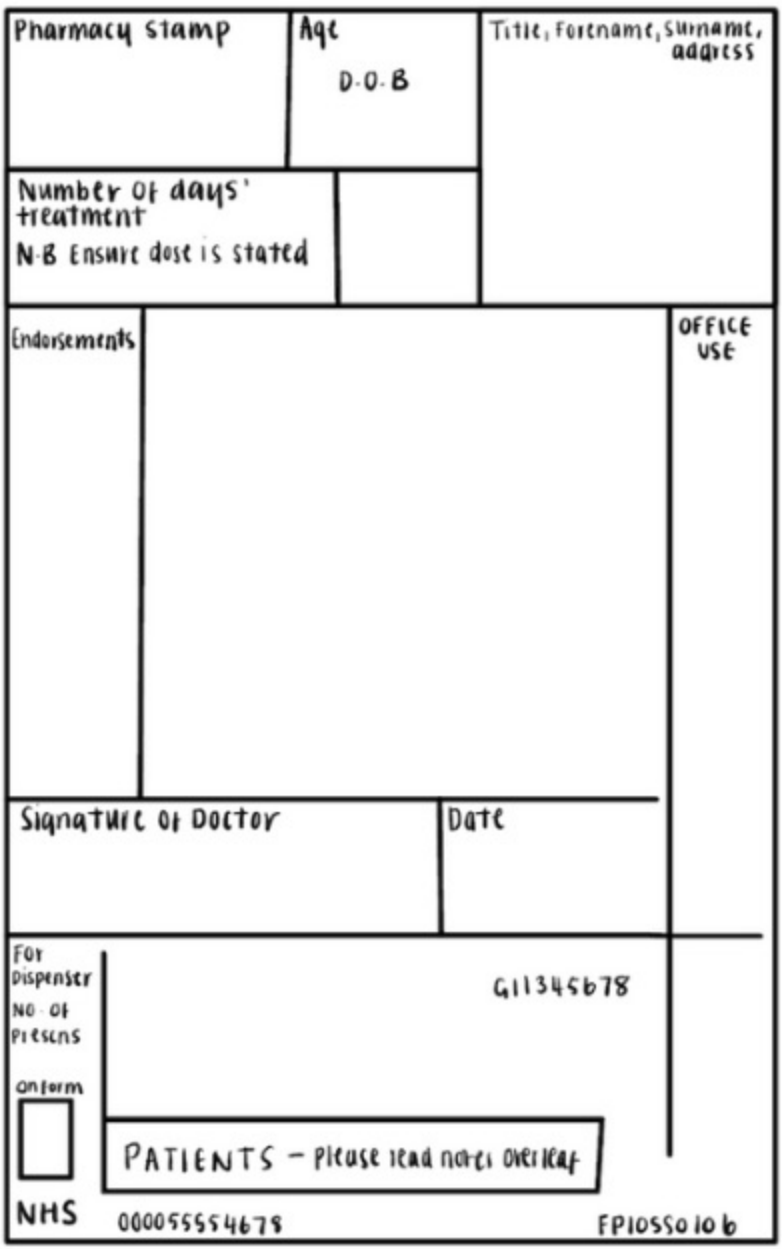
is it legal?


Pharmacy stamp
Age
D.O.B
Title, Forename, Surname, address
Number of days' treatment
N.B Ensure dose is stated
Endorsements
OFFICE USE
Signature of Doctor
Date
For Dispenser
NO. of Presens
on form
G11345678
PATIENTS - Please read notes overleaf
NHS
0000555546 78
FP10SS0106

instructions

Welcome to this training exercise. You will be reviewing 20 sample prescriptions to determine whether they are legally valid.

Please read the following guidance carefully before starting:

1. **Assume all prescriptions are clinically valid and issued in September 2025.**
   - The current "issue date" for this exercise is September 2025.
   - Unless otherwise noted, you may assume the prescription is still within the legal time limits for supply.

2. **Controlled Drugs (CDs).**
   - Some prescriptions include Controlled Drugs (Schedules II–V).
   - Pay special attention to the specific legal requirements for CDs, including:
     - Date validity (must be supplied within 28 days).
     - Prescriber signature and address.
     - Clear formulation, strength, dose, and total quantity (in both words and figures for Schedule II & III).
   - For this exercise, any CD that is still within the 28-day window will be stated clearly on the prescription.

3. **Answer Sheet.**
   - An answer sheet is included at the back of the booklet.
   - Try to complete the exercise without looking at it first. Use it afterwards to check your reasoning.

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Miss Emma White

12 Oak Street

Bristol

BS34 8QX

Number of days' treatment

N.B Ensure dose is stated

7

Endorsements

Rx

Amoxicillin 500mg Capsules

Take one capsule three times a day for 7 days

Mite: 21

OFFICE USE

Signature of Doctor

Date

10/09/2025

For Dispenser

NO. of Presens

on form

Dr Sarah Jones

GMC: 1234567

G11345678

High Street Surgery, London

PATIENTS – Please read notes overleaf

NHS

00005555 4678

FP10SSO 10 6

Pharmacy Stamp

Age

D.O.B

Title, Forename, Surname, address

Daniel Green
44 Maple Avenue
Leeds
LS7 9AB

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Paracetamol

Take 2 tablets when required

OFFICE USE

Signature of Doctor

Dr Patel

Date

15/09/2025

For Dispenser

No. of Presens

Conform

GI1345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS0106

Pharmacy stamp	Age D.O.B	Title, Forename, Surname, address Miss Lucy Thompson 5 William Close Birmingham B18 6RD
Number of days' treatment N.B Ensure dose is stated		

Endorsements

Morphine Sulfate 10mg/5ml
Oral Solution

Take 5ml every 4 hours when required for pain

OFFICE USE

Signature of Doctor

Date
01/09/2025

Presume this is within 28 days.

For Dispenser
NO. of Presens

Dr James Carter
GMC 7654321
The Surgery
24 Kings Road
Birmingham

G11345678

On form

PATIENTS – Please read notes overleaf

NHS 00005554678

FP10SS0106

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Noah Clarke
72 Pine Close
Manchester
M20 7LX

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Diazepam 5mg tablets

Take one at night when required

OFFICE USE

Signature of Doctor

Smith

Date

For Dispenser

NO. of Prescns

on form

Dr Smith

GI1345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS0106

Pharmacy Stamp	Age D.O.B	Title, Forename, Surname, address Sophie Turner 8 Rose lane Liverpool L15 2AD
Number of days' treatment N.B Ensure dose is stated		

Endorsements	Co-amoxiclav 500/125mg tablets Take one three times a day for 5 days	OFFICE USE

Signature of Doctor	Date
Dr	10/02/2024

For Dispenser
NO. OF PRESCNS

Confirm ☐

GI1345678

PATIENTS – Please read notes overleaf

NHS 00005555467 8

FP10SS0106

Pharmacy stamp

Age

D.O.B

12/07/2020

Title, Forename, Surname, address

Master Oliver Wilson
19 Beech Crescent
Newcastle
NE5 5YT

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Salbutamol 100mcg
CFC Free Inhaler

Inhale 2 puffs when
required for wheeze

OFFICE USE

Signature of Doctor

J Khan

Date

16/09/2025

For Dispenser

NO. of Presens

onform

Dr Khan
GMC 4455667
Riverside Practice
Newcastle

G11345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS010b

Pharmacy stamp

Age 8

D.O.B

Title, Forename, Surname, address

Ava Johnson
31 Elm Road
Sheffield
S2 4TT

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Amoxicillin 500mg/5ml
Sugar free suspension

Give 5ml TDS 5days

OFFICE USE

Signature of Doctor

Brown

Date

16/09/2021

For Dispenser

NO. of Presens

on form

Dr Brown

G11345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS010b

Pharmacy stamp	Age D.O.B	Title, Forename, Surname, address Mr Jack Roberts 27 Park Avenue Cardiff CF14 6BD
Number of days' treatment N.B Ensure dose is stated	14	

Endorsements		OFFICE USE
	Zopiclone 7.5mg tablets Take one at bedtime when required	

Presume date is within 28 days

Signature of Doctor	Date
Helen Murray	29/08/25

For Dispenser
NO. OF PRESCNS

Dr Helen Murray
GMC: 3344478
The Surgery
Cardiff Street, London
KT4 1BD

G11345678

Confirm

PATIENTS – Please read notes overleaf

NHS 00005554678 FP10SS010b

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Miss Mia Taylor
55 River Street
Glasgow
G12PQ

Number of days' treatment

N.B Ensure dose is stated

Endorsements

OFFICE USE

Tramadol 50mg Capsules

Take one capsule every 4 hours as required

mite: 30

Signature of Doctor

R Smith

Date

12/01/2019

For Dispenser

No. of Prescns

on form

Dr Smith
GMC: 1234567
River surgery
Chase Street, B18 2QR

G11345678

PATIENTS – Please read notes overleaf

NHS

00005555467 8

FP10SSO106

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

James Hall
23 Birch Road
Nottingham
NG7 4EW

Number of days' treatment

N.B Ensure dose is stated

30

Endorsements

cetirizine 10mg tablets

Take one daily

mitte: 30

OFFICE USE

Signature of Doctor

Jones

Date

01/04/2025

For Dispenser

NO. of Prescns

on form

Dr Jones
Birchwood Surgery
10 High Street
NG8 1X2

G11345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS010b

Pharmacy stamp	Age D.O.B	Title, Forename, Surname, address Ella Davies 61 Meadow Drive Leicester LE2 7ZT
Number of days' treatment N.B Ensure dose is stated	28	

Endorsements

OFFICE USE

Prednisolone 5mg tablets

5mg OD mdu

Signature of Doctor	Date

For Dispenser

No. of Presens

on form

G11345678

PATIENTS – Please read notes overleaf

NHS 000055554678

FP10SSO10b

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Harry Evans
99 Ashfield Road
London
N15 6HD

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Co-codamol 8/500mg tablets

Take two tablets four times daily when required

OFFICE USE

Signature of Doctor

Matt

Date

03/09/2025

For Dispenser

NO. of Presens

on form

Dr Matt
Smithfield Avenue Surgery
10 High Street
E10 1QR

G11345678

PATIENTS – Please read notes overleaf

NHS

00005555 4678

FP10SSO 10 6

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Miss Lily Edwards
7 victoria street
York
YO1 6JB

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Morphine 10mg tablets

Take one tablet once a day when required for pain

OFFICE USE

Signature of Doctor

Knowles

Date

01/09/2025

Presume it is within 28 days

For Dispenser

NO. of Presns

on form

Dr Knowles
GMC: 1234567
20 Surgery House
18 High Street, YO 1 8T

G11345678

PATIENTS – Please read notes overleaf

NHS

00005555 4678

FP10SSO 10 6

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

George Phillips
18 Hilltop Road
Exeter
EX4 9AA

Number of days' treatment

N.B Ensure dose is stated

5

Endorsements

OFFICE USE

Amoxicillin 250mg capsules

One capsules TDS for 5days

Signature of Doctor

Davidson

Date

01/09/25

For Dispenser

NO. of Prescns

Dr Davidson

G11345678

On form

PATIENTS – Please read notes overleaf

NHS

00005554678

FP10SS0106

Pharmacy stamp	Age D.O.B	Title, Forename, Surname, address Miss Chloe Wright 2 Station Road Coventry CV1 2LP
Number of days' treatment N.B Ensure dose is stated	7	

Endorsements

OFFICE USE

Flucloxacillin 500mg capsules

take one capsule QDS for 7days

Mitte: 28

Signature of Doctor

Thompson

Date

17/09/25

For Dispenser

NO. of Presens

onform

Dr Thompson
The Surgery
Coventry
CV10 1B2

G11345678

PATIENTS – Please read notes overleaf

NHS

00005554678

FP10SS010b

Pharmacy stamp

Age

D.O.B

10/10/2017

Title, Forename, Surname, address

Master Oscar Iems
64 New street
London
SE15 3TR

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Insulin Glargine injection

use as directed

OFFICE USE

Signature of Doctor

Date

17/09/2025

For Dispenser

NO. of Presens

on form

Dr J Black
Surgery House
South London
SE15 2XP

G11345678

PATIENTS – Please read notes overleaf

NHS

00005554678

FP10SS0106

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Isla Walker
42 Westfield Road
Derby
DE1 3PL

Number of days' treatment

N.B Ensure dose is stated

Endorsements

Lorazepam 1mg tablets

Take one at night when required

OFFICE USE

Signature of Doctor

Smith

Date

28/09/2025

For Dispenser

No. of Prescns

on form

Dr Smith
Surgery east
Derby
D101SX

G1134567B

PATIENTS – Please read notes overleaf

NHS

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FP10SS010b

Pharmacy Stamp	Age D.O.B	Title, Forename, Surname, address Benjamin Scott 14 Brook lane Hull HU5 4RF
Number of days' treatment N.B Ensure dose is stated	56	

Endorsements

Metformin 500mg tablets

1g BD mdu

OFFICE USE

Signature of Doctor

Foster

Date

10/09/2025

For Dispenser No. of Prescns

on form

Dr Foster
GP Surgery
Hull
HU6 18X

G11345678

PATIENTS – Please read notes overleaf

NHS

00005554678

FP10SS0106

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Miss Grace Hughes
11 Church Street
Cambridge
CB1 2HA

Number of days' treatment

N.B Ensure dose is stated

7

Endorsements

Clarithromycin 500mg tablets

Take one twice daily for 7 days

OFFICE USE

Signature of Doctor

K Patel

Date

08/09/2025

For Dispenser

NO. of Prescns

on form

Dr K Patel
The Surgery
Cambridge
CB1 1XP.

GI1345678

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS010b

Pharmacy stamp

Age

D.O.B

Title, Forename, Surname, address

Master Leo Foster
76 Queens Road
Reading
RG1 4AH

Number of days' treatment

N.B Ensure dose is stated

28

Endorsements

OFFICE USE

omeprazole 10mg
soluble tablets

Give one tablet
daily

Signature of Doctor

AMorgan

Date

02/09/2025

For Dispenser

NO. of Prescns

Dr Morgan
Surgery House
20 South Street
Reading, RG1 7AB

G1134567B

Onform

PATIENTS – Please read notes overleaf

NHS

000055554678

FP10SS010b

answers

1. Emma White – Amoxicillin 500 mg capsules
✅ Valid – all legal requirements included (name, address, date, signature, clear dose).

2. Daniel Green – Paracetamol
❌ Invalid – prescriber details incomplete, no signature.

3. Lucy Thompson – Morphine sulfate 10 mg/5 mL oral solution
✅ Valid – CD prescription includes strength, form, dose, and total quantity clearly.

4. Noah Clarke – Diazepam 5 mg tablets
❌ Invalid – missing date (essential) and no prescriber address

5. Sophie Turner – Co-amoxiclav tablets
❌ Invalid – prescription older than 6 months (expired), no prescriber details.

6. Oliver Wilson – Salbutamol inhaler
✅ Valid – all legal requirements met.

7. Ava Johnson – Amoxicillin suspension
❌ Invalid – no prescriber address

8. Jack Roberts – Zopiclone 7.5 mg tablets
✅ Valid – CD Schedule IV with clear instructions.

9. Mia Taylor – Tramadol 50 mg capsules
❌ Invalid – Schedule II CD; prescription older than 28 days.

10. James Hall – Cetirizine 10 mg tablets
✅ Valid – GMC number not legally required.

answers

11. Ella Davies – Prednisolone tablets
❌ Invalid – no signature, no prescriber details/address and no date

12. Harry Evans – Co-codamol 8/500 mg tablets
✅ Valid – complete and legally compliant.

13. Lily Edwards – Morphine Tablets
❌ Invalid – CD requirements not met (quantity must be in words and figures).

14. George Phillips – Amoxicillin 250 mg capsules
❌ Invalid – prescriber's address missing.

15. Chloe Wright – Flucloxacillin 500 mg capsules
✅ Valid – all requirements present.

16. Oscar Lewis – Insulin glargine injection
✅ Valid – "Use as directed" acceptable for insulin.

17. Isla Walker – Lorazepam 1 mg tablets
✅ Valid – CD Schedule IV with complete details.

18. Benjamin Scott – Codeine phosphate 30 mg tablets
✅ Valid – all requirements present.

19. Grace Hughes – Clarithromycin 500 mg tablets
✅ Valid – complete and compliant
.
20. Leo Foster – Omeprazole
❌ Invalid – this is a children's prescription so the date of birth or age is required for any patient under 12.