## Appendix 19 Cease to Prescribe



Date

Head NMP

Woodfield House

Tickhill Road

Balby

Doncaster DN4 8QN

Dear ………………..

**Ceasing to Non-Medical Prescribe**

………………………………(*Name)* has ceased to prescribe\*/left the Trust\* with effect from *(insert date)*. Please remove their details from the NMP database.

\*\*Their prescription pad Serial Numbers:

Pad Number (Beginning):……………………….. Pad Number (End) ………………………

have been returned to me and I confirm the safe destruction via the confidential shredding bins.

Signed…………………………………………

Print Name…………………………………….

Job Role …………………………………………….

Please email to; rdash.non-medical-prescribing@nhs.net

Copy to Pharmacy department to cancel SystmOne electronic prescribing rights and remove from PPA (NHSBSA) list.

\*delete as appropriate

\*\* delete if not applicable