



TEMPLATE FOR PHARMACY REQUESTING TO ORDER ON BEHALF OF PATIENT

PHARMACY NAME:	
ADDRESS:	
TEL NO:	
SURGERY:	
PATIENT NAME:	
REASON WHY PATIENT CANNOT ORDER THROUGH NHS POD THEMSELVES:	
PATIENT CONSENT TO USE POD: DATE OF CONSENT:	VERBAL [] LETTER []
DATE OF REQUEST:	

<p><u>FOR SURGERY USE ONLY:</u></p> <p>PHARMACY MANAGED PRESCRIPTIONS APPROVED YES [] NO []</p> <p>Date:</p> <p><i>IF YES, scan into patient record and feedback to pharmacy</i></p> <p><i>IF NO, feedback to pharmacy</i></p>
