

TEMPLATE FOR PHARMACY REQUESTING TO ORDER ON BEHALF OF PATIENT

PHARMACY NAME	
ADDRESS	
TEL NO	
SURGERY	
PATIENT NAME & D.O.B	
REASON WHY PATIENT CANNOT ORDER THROUGH NHS POD THEMSELVES	
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, readcode XaaYT, and feedback to pharmacy</i></p> <p><i>IF NO, discuss with patient and feedback to pharmacy.</i></p>
