

Patient Needing Extra Support to Order Medication Form

Pharmacy stamp	
Surgery	
Patient details D.O.B	[name and address- attach bag label]
Reason why patient cannot order through NHS POD themselves	DDS patient Yes [] No []
Date of request	

For surgery use only

PHARMACY MANAGED PRESCRIPTION APPROVED YES [] NO []

Date:

If YES, scan into record, read code: XaaYT; SNOMED: 883021000000102
(Pharmacy managed repeat prescription) with reason. Feedback to pharmacy

If NO, GP practice to discuss with patient and feedback to pharmacy

These forms are available to download from Knowledge Anglia and Norfolk and Suffolk LPC websites

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