

## 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	

<p><u>For surgery use only</u>          PHARMACY MANAGED PRESCRIPTION APPROVED    YES [ ]                    NO [ ]          Date:</p> <p>If YES, scan into record, read code: XaaYT; SNOMED: 883021000000102          (Pharmacy managed repeat prescription) with reason. Feedback to pharmacy</p> <p>If NO, GP practice to discuss with patient and feedback to pharmacy</p>
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These forms are available to download from Knowledge Anglia and Norfolk and Suffolk LPC websites

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