Third Party Consent form: NHS Prescription Ordering Direct (POD)

To allow a representative to order repeat medication on your behalf via the POD please complete this form and **return to your GP Practice for addition to your records**.

The POD service will not take repeat prescription orders from a third party representative without documented consent added to your medical records.

Patient Name:			
Address:			
Date of Birth:			
I (insert your name)			
give consent for (insert third party name)			
Address:			
Tel Number:			
who is my (state relationship e.g. wife)			
to order my prescriptions on my behalf via the NHS NWICB POD service and for information regarding my medication to be shared with them.			
Patient Signature:			
Print name:			
Date:			
For surgery use only			
Third party consent approved? YES [] NO [] Date:			
If YES, scan into records, adding the following patient reminder alert to the home screen			
'Patient gives consent for [third party name & relationship] to order prescriptions via POD [date of consent documented by patient above]'			
If NO , GP practice to discuss with patient.			

Full details of the POD service and the consent being given can be accessed at <u>Prescription Ordering Direct</u> <u>Service (POD) - Norfolk and Waveney ICS (improvinglivesnw.org.uk)</u>. Alternatively pick up a POD leaflet at your local practice or pharmacy.

Consent for the third party can be removed at any time by contacting the NHS POD team on

•	Great Yarmouth and Waveney Practices	Tel 01502 718 615
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West Norfolk Practices