



### Consent and Representative Ordering Form: NHS Prescription Ordering Direct

In order for a representative to place a prescription order on your behalf this form must be fully completed. To consent to the POD service, and for a representative to order repeat medication on your behalf please complete this form and **return to your GP Practice for addition to your records.**

You may withdraw your consent at any time, by calling POD on 01502 718615. Full details of the service can be found at: <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/prescription-ordering-direct-service-pod/> Alternatively pick up a POD leaflet at your local practice or pharmacy.

<b>Patient Name:</b>
<b>Address:</b>
<b>Date of Birth:</b>
I consent for the POD service to access my full medical record to process my prescription requests <b>(tick the box)</b> <input type="checkbox"/>
I give consent for ..... <i>(insert representative name)</i> Tel Number: ..... who is my ..... <i>(state relationship e.g. wife)</i> to order my prescriptions on my behalf via the NHS NWICB POD service and for information regarding my medication to be shared with them <b>(tick the box)</b> <input type="checkbox"/>
<b>Patient Signature:</b> .....
<b>Date:</b> .....
<b>For surgery use only</b> Third party consent approved? <b>YES</b> [ ] <b>NO</b> [ ] <b>Date:</b> ..... If <b>YES</b> , scan into records, adding the following patient reminder alert to the home screen <b>'Patient gives POD consent for access to records and for [third party name &amp; relationship] to order prescriptions via POD [date of consent documented by patient above]'</b> <b>And Add the Read Code XaLoT to the patient record.</b> If <b>NO</b> , GP practice to discuss with patient.