

P.O.M Authorisation Form

Prescription Only Medicines (P.O.M.) Medicines Act S.I. 1921 1980

SP Services, as a Licenced Pharmaceutical Wholesaler, require by law all orders for Prescription Only Medicines (POM's) to be signed by a Registered Medical Practitioners or a Registered Nurse authorised by the Company's Occupational Physician. The delegating Doctor may be resident, visiting or consulting, but his authority needs to be written.

Please complete the form below and return it to our Telford address. Once this has been received, SP Services can accept orders of POM's signed by authorised nurse/s.

Account No:

Date: (DD/MM/YY)

Company Name:

Address:

Nurses Authorised to order as above

1

2

N.M.C. PIN Number

Expiry Date

Forename

Surname

Qualifications

RGN.EN(Gen)

RGN.EN (Gen)

Nurses D.O.B.

Specimen Signature

Authorising Doctor:

GMC Number:

Forename:

Surname:

Signature:

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