

POM Authorization Form - OCC Health



Prescription Only Medicines (POM)

The restrictions on supplies and administrations have been relaxed to meet the specific needs of persons operating **Occupational Health Schemes**.

Providing that the Registered Medical Practitioner (Works Occupational Physician) gives written general instructions to named, registered or enrolled Nurses, then their signatures may be accepted by a properly licensed supplier as authority for that customer to obtain Prescription Only Medicines. The delegating Doctor may be resident, visiting or consulting, but authorisation needs to be written.

If your Doctor wishes to authorise your Nurses to obtain supplies of Prescription Only Medicines in this manner, **please complete this notification and return it to:**

L E West, LTD, The iO Centre - Unit 18, River Road, Barking IG11 0DR

Account No:	Date:
Company Name:	
Address:	

Nurses Authorised to Order as above:	Nurse / Medic 1	Nurse / Medic 2
N.M.C. PIN Number		
First Name		
Surname		
Qualifications	<i>RGN.EN (Gen)</i>	<i>RGN.EN (Gen)</i>
Nurse's D.O.B.		
Specimen Signature		

Authorising Doctor	GMC Number:
First Name:	Surname:
Signature:	

Please complete and fax a copy to : 0208 594 0324

Note: You must ALSO MAIL an original signature hard copy to us at address below.

L E West, Ltd, The iO Centre - Unit 18, River Road, Barking IG11 0DR United Kingdom

* N.M.C. - Nursing & Midwifery Council P.I.N. Number.