



SIGNED ORDER

FOR THE SUPPLY OF A PRESCRIPTION ONLY MEDICINE

**OPTOMETRIST'S SIGNED ORDER FOR A PRESCRIPTION ONLY MEDICINE
MUST:**

1. Include the following information:

- Optometrist's full name and address
- Name and address of the patient and date of birth
- Purpose for which the POM is supplied
- Name of POM to be supplied (generic)
- Strength of POM to be supplied
- Drug delivery route (eg. topical and to which eye or both eyes)
- Frequency (eg. three times a day)
- Signed order to be signed and dated by the prescribing Optometrist
- GOC Number

2. Use indelible ink and be either handwritten, typewritten or computer generated.

Any space left on the order should be marked through with a line to prevent anything being added to the order.

An example of a signed order is included overleaf.

Ian Schofield

Professional Lead for Optometry, NHS Somerset

23 March 2009

EXAMPLE

**Signed Order: Private Prescription for the supply of prescription only medicine
(on headed paper including practice address and telephone number)**

25/04/2009

Mrs I Patient

Good View Cottage

Somerset BA 19 6QP

Date of Birth: 07/05/2009

Please supply the above patient with: 1.0% Fusidic Acid

To treat:

For instillation: 1 drop, each eye

Frequency of instillation/application: BD for 1 week.

Signed

JJ Bloggs. Optometrist. Qualifications-----

GOC Number 01-----