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| Online Non-Prescription Ordering Service (ONPOS) - Additional Product Request form | |
| Date |  |
| Requester’s details: name, email address, contact telephone number, location. |  |
| Product name |  |
| Size |  |
| Dressings per pack |  |
| How long will one pack of dressings last |  |
| Anticipated duration of use(maximum 28 days) |  |
| Number of packs to be ordered on each occasion |  |
| PIP code |  |
| Clinical rationale for requesting product (if this is not complete your request will not be processed) |  |
| Please specify why a product already on FCDL is not suitable |  |
| With whom from the TVN team has use of this product been discussed and approved by the Tissue Viability Service? Please confirm name of TVN and date approved |  |
| Please complete and return to [ACCG.eastkentprescribing@nhs.net](mailto:ACCG.eastkentprescribing@nhs.net) your request will be actioned within 2 working days. | |
| Authorised CCG Confirmation: Name: Date: | |