

PRESCRIPTION REQUEST FORM

Name:

Date of Birth:

Address:

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Contact Number:

Medication Requested:

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Please allow two full working days for prescriptions to be processed and remember to take weekends and bank holidays into account. Please note it may take up to 72 hours if there are any queries.

Please leave your request in our prescription box at the surgery.

We are unable to take repeat prescription requests over the telephone except for those patients who are deemed appropriate by their doctor.