**Prescription Request Form**For items on your **REPEAT ORDER** form



**Requests for prescriptions will only be accepted by:**

* Ticking items on the back of your last prescription
* Using this form
* By fax 01257 514123
* By email granvillehouse.fax@nhs.net
* Via your online account
* **Requests by telephone WILL NOT be accepted for safety reasons**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name |  | | |
| Address |  | | |
| Date of Birth |  | | |
| Contact Number |  | | |
| Email address |  | | |
| **Items ON REPEAT**  Medication name | | Strength | Times a day taken |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

***\*All sections must be filled in, or this may delay completion***

***of your request \*POST THIS FORM IN THE BOX IN THE FOYER***

***\*PLEASE ALLOW 2 WORKING DAYS NOTICE WHEN ORDERING***

**For Prescription items NOT on repeat**

If you are requesting medication that has not been issued to you in the last 3 months or more, please indicate the reason for your request.

***Please be aware:*** The prescription clerk may not be able to deal with your request and this may need passing to a doctor to be dealt with.

|  |  |  |  |
| --- | --- | --- | --- |
| Items **NOT** on repeat  Medication name | | Strength | Times a day taken |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Reason for request |  | | |
| What is being treated with the medication requested above |  | | |

**Comments:**