**Do your medicines run out at different times? Would you like them to be synchronised so that you only have to order and collect them once?** If so, please complete the details on the form below and return to us with your next request. We will issue a prescription for different amounts of each item so that they can all be ordered at the same time in future. **This will save you, us and your pharmacy a lot of time.**

Patient Name ..........................................................................................................................................

Address or DOB.....................................................................................................................................

Date medication counted...................................... Tel No. .................................................................

|  |  |
| --- | --- |
|  | **For Health Centre Use** |
| **Name of Medication including Strength** | **Dosage (How *you* take them)** | **Quantity you** **have left** | ***Days Supply*** | ***Qty Needed*** |
| *Example Aspirin 75mg* | *One Daily* | *8* |  |  |
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