

Blackwood Health Centre Repeat Prescription Form

Date 01/04/14

(Repeat prescriptions will be available for collection in 2 working days from when we receive your request.)

Patient Details

*Full Name:

*Date of Birth:

Email:(Optional)

Confirm Email:

*Daytime Tel:

*Your Doctor: (Enter your usual Doctor)

*Collect prescription from Reception Y/N *Prescription to be sent to Blackwood Pharmacy Y/N

A red asterisk (*) indicates a compulsory field Please delete Y or N on the line above as required.

Medication

You may request up to twenty separate items. Enter each drug and strength on your prescription. If you have listed an item that you do not require this time, please enter "No" in the required column.

Please note that items will only be dispensed if they are included on your repeat prescription and a medication review is not pending. Prescriptions will not be released until the repeat is due.

	Drug	Quantity and/or Strength <i>e.g. 1mg once a day</i>	Required
Example	Aspirin Dispersible	75mg once a day	Yes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Comments (Please do not include medical problems here - these should be discussed with your doctor):