

APPLICATION FOR REPEAT PRESCRIPTION

SURNAME
(Please Print)

FORENAMES.....

DATE OF BIRTH.....

ADDRESS (first line).....

TELEPHONE NO.....

TODAYS DATE.....

ITEMS REQUIRED:

If you would like your prescription collected by a Pharmacist please tick the appropriate Pharmacy below:-

- QUESTMOOR, High Street.....
- WELFARE, Southgate Road.....
- BOOTS, Darks Lane.....
- TESCO in Store.....
- LLOYDS, Mutton Lane.....

We would appreciate patients not phoning to check whether prescriptions are ready as this blocks the main phone line.
Prescriptions take 48 hours to process.

To ensure a 48 hour turnaround, please deliver your request to the surgery by 11.00am.