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## Online Prescription Request Form

To ensure we deliver a safe and efficient prescription service to you, our preferred method of accepting repeat script requests is in written or printed format.

To email, post or drop in your order to us, you may wish to download this template. Complete your details and your order on it and return it to us using our contact details at the top of this form. You should allow a minimum of 24 hours for us to check and prepare your prescription for you.

Please complete using block letters

Full Name: \_\_\_\_\_

Date of birth:     /     /

Medical card number: \_\_\_\_\_

	Name of Medication	Strength	Dosage	Number of Months
<i>Example</i>	<i>No name drug</i>	<i>75mg</i>	<i>1 once daily</i>	<i>3</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I would like to request the medicines listed above. I will collect on/from 4pm. (Must be received by us before 4pm previous day)

To comply with data privacy legislation, we would ask that prescriptions are collected in person. In the event, you require someone to collect your script on your behalf, please outline the name of the person below.

I consent to my prescription been collected by: \_\_\_\_\_

Requestor signature: \_\_\_\_\_