Cootehill Medical Centre

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REPEAT PRESCRIPTION REQUEST

PRESCRIPTION REQUESTS ARE NO LONGER ACCEPTED BY TELEPHONE
PLEASE ALLOW 48 HOURS TO PROCESS YOUR REQUEST

PLEASE REQUEST BY **FAX/POST/EMAIL** OR TO SURGERY POST BOX (DETAILS ABOVE)

NAME: **TEL NO:**

ADDRESS: **PHARMACY:**

D.O.B: **GMS NO:**

PLEASE NOTE ALL PRIVATE SCRIPTS INCUR A CHARGE AND TO BE PAID ON COLLECTION:

NAME OF MEDICATION & DOSAGE	HOW OFTEN DO YOU TAKE THE MEDICATION	HOW MANY PER MONTH
FOR EXAMPLE : ELTROXIN 25MG	1 A DAY	30