

## **MEDICATION REQUEST FORM**

If you require regular medication, this may be added to your Repeat Prescription, but for your safety your doctor must first be happy the medication suits you and is effective. At intervals, your doctor will review your medical condition and check that your medication is still appropriate.

If the medication you require is not listed as a repeat prescription, your doctor may ask to review your medical condition, before issuing a prescription. This is particularly likely to be the case if it has been some time since your original prescription, or if the reason for your request is unclear. In this case the form will be returned to you with advice to contact your doctor.

Our main consideration at all times is your safety. Thank you for your co-operation.

We aim to have your repeat prescription available for collection 3 clear working days (Monday to Friday) after your					
request. If your doctor needs to review or update your medication this may take a little longer. To avoid any					
inconvenience, we recommend you always request your medication one week before it is due to run out.					
Your Name		Date of birth		Telephone number	
Date of request					
Your usual GP (doctor responsible for your prescriptions):					
Dr K Savile	D . M T	Dr T Diaby	Dr P Bishop	Dr C Gooding	Dr C Coulthard
DI K Savile	Dr M Taylor	Dr T Rigby	DI F BISHUP	Di C Gooding	Di C Coultilai u
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