

Repeat prescription request

Please complete all the boxes below and email to prescriptions@hcaprimarycare.co.uk

Title (Mr/Mrs/Miss/Other):	
Surname:	
First name:	
Date of birth:	
Contact telephone number:	
Medication 1	Name:
	Dose:
	Amount required:
Medication 2 (If additional prescription is required)	Name:
	Dose:
	Amount required:
Request date:	
Medication Either tick your chosen clinic in the box below or fill in your desired postal address.	
<input type="checkbox"/> Garlick Hill (Pharmacy) <input type="checkbox"/> New Broad Street	

Prescription If you'd prefer to take your prescription to a pharmacy of your choice, you can collect your paper script from us or your desired postal address.	
Please enter the address of clinic or postal address:	

Medication/prescriptions will be available for collection within 24 hours of request, unless you have supplied a delivery address to which you would like them posted.

I confirm that I have completed this request form myself.

In the event that I am unable to collect the prescription from the medical centre myself, I give permission to collect it for me.

Insert full name here

N.B. – The prescription will only be given to a named person with identification.

Please note:

- There is a postal charge fee if medication or prescription delivery is selected.
- If medication is delivered to a work address, only Zone 1 and Canary Wharf are available.
- If a HCA UK Primary Care doctor has not previously prescribed this medication for you, you will need to see one of the doctors. An appointment can be made on **0845 437 0691**.
- If the doctor feels you need a review appointment prior to the medication being prescribed, please understand that this is to ensure safe monitoring and prescribing.
- Due to the nature of this email, confidentiality prior to receipt by HCA UK Primary Care cannot be guaranteed.

For Doctor's use:	<input type="checkbox"/> Px issued	<input type="checkbox"/> Drug dispensed	<input type="checkbox"/> Review appt needed
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