

The Albany Practice

Repeat Prescription Request Form

Please:

- ✓ **Allow two working days for your prescription to be processed. If there are queries or you are overdue for a medication review, it may take longer.**
- ✓ Complete all parts of the form so that you receive the correct prescription and it goes to the correct place. **Without all this information we may not be able to process your prescription.**
- ✓ Write clearly.
- ✓ Tell us which medications you need and how long the supply should last for.
- ✓ Bring the completed form to reception **OR** email to HOUCCGalbany@nhs.net.
OR send it by post to The Albany Practice Brentford Health Centre Boston Manor Road TW8 8DS If posting allow extra time for processing
- ✓ Remember **the receptionist cannot take your request over the phone**. With a PIN number you can order from our automated system or with a user name and password you can order on line. If you do so we will keep the script in the surgery unless there is a chemist nominated on your file.

Full Name: _____

Address: _____

Contact number: _____ DoB: _____

Usual Doctor in case of query: _____

Date of request: _____

	Attach Ticked Repeat list or List Items required below and over the page if needed	Supply for Months
1.		
2.		
3.		
4.		
5.		
6.		

Completed Script to be:

Collected from reception

Sent to Chemist. *Wherever possible this will be sent electronically*

Give Chemist's name:

Returned by post; stamped addressed envelope included

For reception messages to prescribing doctor.....

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Message for patient from doctor.....

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