

**The Glenfield Surgery**

**ACUTE PRESCRIPTION REQUEST FORM**

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This form is to request medication that is not on a repeat prescription form but has been previously issued by The Glenfield Surgery. If you would like to request medication that is urgent i.e. for today or you would like to request medication which has not been previously issued at the practice please speak to someone at the reception desk.

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**PATIENT DETAILS**

Name \_\_\_\_\_

DOB \_\_\_\_\_ Contact number (for any queries) \_\_\_\_\_

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**MEDICATION DETAILS**

Item 1 \_\_\_\_\_ Item 2 \_\_\_\_\_

Strength \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Dose \_\_\_\_\_

Quantity \_\_\_\_\_ Quantity \_\_\_\_\_

Date Last Issued \_\_\_\_\_ Date Last Issued \_\_\_\_\_

**Medical reason for requesting item(s):**

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**NOMINATED PHARMACY**

Please confirm if you would like your prescription to be sent to your nominated pharmacy in order for them to make up your medication or whether you would like to collect only your prescription from The Glenfield Surgery reception desk. Please note, that by nominating a pharmacy, you acknowledge that all future prescriptions will be sent to this pharmacy by default.

Nominated Pharmacy \_\_\_\_\_ OR

Collect from Glenfield Surgery reception desk \_\_\_\_\_

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**SURGERY USE ONLY**

REPEAT YES / NO REPEAT YES / NO

**Additional Information:**