

The Glenfield Surgery

ACUTE PRESCRIPTION REQUEST FORM

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.

PATIENT DETAILS

Name _____

DOB _____ Contact number (for any queries) _____

MEDICATION DETAILS

Item 1 _____ Item 2 _____

Strength _____ Strength _____

Dose _____ Dose _____

Quantity _____ Quantity _____

Date Last Issued _____ Date Last Issued _____

Medical reason for requesting item(s):

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 _____

SURGERY USE ONLY

REPEAT YES / NO REPEAT YES / NO

Additional Information: