



Annagh Medical Centre

Annagh Medical Centre Repeat Prescription Form

Annagh Medical Centre, Doctor's Road, Ballyhaunis, Co. Mayo. F35 X932. Tel: 094 9632232 Fax: 094 9632355

www.annaghmedicalcentre.com

PLEASE POST OR HAND INTO SURGERY PRESCRIPTION BOX OR RECEPTION

WE NO LONGER ACCEPT PHONECALL REQUESTS.

We only accept requests using this form or online via our website www.annaghmedicalcentre.com

For your safety and correct prescribing :

All medications should be requested at the same time.

We aim to complete request within 48 hours, but would appreciate 5 working days notice

If you have any difficulty completing this form please ask your pharmacist or family member for assistance

All prescriptions will be for three to six months at a time unless restrictions or safety issues apply.

DATE	SURNAME	FIRST NAME	Date Of Birth	CHEMIST
			/ /	

No	Medication— Please write name of medication you require below
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

I confirm that I request all of the above medications be re-prescribed for my personal use.

Patient's Signature: _____ Date: ____ / ____ / ____