

WESTCOURT MEDICAL CENTRE PRESCRIPTION REQUEST

PATIENT DETAILS	
Forename	
Surname	
DOB	
Address	
Contact Telephone Number	
REQUEST DETAILS	
Medication / item required	
Is this an URGENT request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If URGENT, please advise why	
How many days' supply of medication do you have left?	
If an item is not due within 3 days, it will not be considered as urgent.	

If you have ordered medication for a common condition, this may be available to buy over the counter at your local pharmacy. This includes:

- Paracetamol
- Emollients
- Ibuprofen
- Eye/ear drops
- Antihistamines

A leaflet with more information is available from Reception.

Please note even if you get free prescriptions, you are not automatically exempt from this guidance.

PLEASE TURN OVER

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WESTCOURT MEDICAL CENTRE PRESCRIPTION REQUEST

<p>Please nominate a Pharmacy to have your prescription sent electronically to.</p> <p>By doing this you have consented to the EPS service. Further details can be found in Reception.</p>	Pharmacy name & address
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ALL URGENT PRESCRIPTIONS WILL BE SENT ELECTRONICALLY TO A PHARMACY

<input type="checkbox"/> I am the patient	<input type="checkbox"/> I am the patient's parent / guardian	<input type="checkbox"/> I am the patient's representative
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Signed:
Print Name:
Date:

Date Actioned & Staff Initials:

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