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## Prescription Renewal Form

**We require a minimum of 2 working days to, process repeat prescriptions**

We kindly ask that all prescription renewal requests are made using **THIS FORM**

Please request a new form if your medication changes

You may also attach the last pharmacy receipt/statement with details of your current medication

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Name & Address: \_\_\_\_\_

Item	Medication	Dose	Quantity taken each dose	Number of times taken	Duration
Eg	Panadol	200mg	1 tab	3 times daily	1 month
1					
2					
3					
4					
5					
6					
7					
8					

Patient /Designated person signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Some medications require regular monitoring and/or blood tests as advised by your doctor. Please plan ahead.**

Review Due  \_\_\_\_\_

Blood test due  \_\_\_\_\_

**Prescriptions can be sent directly to your chosen pharmacy by Healthmail or can be collected or send an SAE if you would like it to be posted to you.**