Prescription Request Form

Patients attending The Palms GP Surgery require a face-to-face consultation with their usual GP once their issued prescription expires. Due to high practice demand, this should be arranged as soon as you have received the final issue of your prescription from your pharmacist. If you have run unexpectedly short of a medication which is prescribed repeatedly, you may request a prescription to keep you going. However, The Palms GP Surgery now operates a policy of accepting such prescription requests in written form only.

This policy is in place to:

- Ensure maximum patient safety.
- Ensure that patients are aware of the medications they are requesting.
- Reduce the risk of prescribing of unnecessary medications.
- Ensure accurate records of patient medication requests are retained.
- Minimise human error.

We aim to have all prescription requests reviewed within 3 working days. Please do not attend the surgery to collect your prescription prior to this period.

Prescription Request Forms can be delivered to the Palms GP Surgery by the following means:

1. **On-line.** Please fill in this form on screen and click on "SUBMIT FORM" at the bottom. You will then be taken to your preferred email application. If you are unable to submit the completed form, which may be the case if you are using Google Chrome, then simply download the completed form and email it as an attachment to repeatprescriptions@thepalmssurgery.com
2. **Hand delivered.** Please print this form, complete by hand and drop in to one of our reception staff..

UNDER NO CIRCUMSTANCES WILL REQUESTS BE ACCEPTED BY TELEPHONE

Forename*		Contact Number*	
Surname*		Date of Birth*	
Address*			

Medical Card* YES ☐ NO ☐ Medical Card No:*

Pharmacy name if they are collecting your prescription:

Medication	Dose	Quantity	Number of times taken	Is this item due on repeat within the next 7 days?
Example: Panadol	500MG	1 x TAB	2 x Times Daily	YES √ NO
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐

Personal Information

By using this form you will be sending information about yourself across the internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method of ordering a repeat prescription.

SUBMIT FORM

PRINT FORM