



Grange Cross Medical - Prescription Form

Dear Patient

When your prescription is due to be renewed, please complete the following and leave it in to the surgery. Please note it takes 72 hours to have your prescription ready for collection.

<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Contact Number:</b>
<b>Usual Pharmacy:</b>	

Please list all the medications your are on, and indicate which are required to be ordered. Please do not order medications that you already have sufficient supplies of.

<b>List of Medication:</b>	<b>Dose:</b>	<b>Needed</b>	<b>Not Needed</b>

I confirm that the above is a full list of my current medication

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Doctor Use Only**

Last reviewed date:	Reviewed by:
BP Reading:	