



RoodlaneMedical

Repeat Prescription Request

Please complete all the boxes below and e-mail to prescriptions@roodlane.co.uk

Title (please delete)	Mr / Mrs / Miss / Other _____
Surname	
First name	
Date of birth	
Contact telephone number	
Medication	Name Dose Amount required
Medication	Name Dose Amount required
Request date:	
Roodlane Medical location to collect from:	
Pharmacy address, telephone and fax (Please note there is a postal charge of £5):	
Home Address: (For My GP Plus Patients only)	Work address: (For My GP Plus Patients only)

Prescriptions will be available for collection within 24 hours of request unless you indicate below either a home or work address to which you would like them posted.

I confirm that I have completed this request form myself.

In the event that I am unable to collect the prescription from the medical centre myself, I give (name) permission to collect it for me.

N.B - The prescription will only be given to a named person with identification.

Please note:

- MyGPPlus patients ONLY – please let us know if you would like the prescription delivered to you
- If Roodlane Medical has not previously prescribed this medication for you, you will need to see one of the doctors. An appointment can be made on 0845 437 0691
- If you are requesting the contraceptive pill, you must have your blood pressure checked every 6 months.
- If the doctor feels you need a review appointment prior to the medication being prescribed, please understand that this is to ensure safe monitoring and prescribing.
- Due to the nature of e-mail, confidentiality prior to receipt by Roodlane Medical cannot be guaranteed.

For Doctor's use:	Px issued	Drug dispensed	Review appt needed
-------------------	-----------	----------------	--------------------