Cedarville Medical Centre

34 Cedarville,
Abbeyfeale West,
Abbeyfeale, Co. Limerick
(068) 32188
www.cedarvillemedicalcentre.ie

REPEAT PRESCRIPTION REQUEST FORM

Please complete, and send this form back to us to request your medication(s). You can post or email to our receptionist. Allow a minimum of 24 hours for us to check and prepare your prescription for you and remember to take weekends and bank holidays into account.

Name:	**Date of Birth:**
Phone:	**Email:**
Address:	
Have you had a medication review in the past 6 months?	

PLEASE NOTE: Patients on repeat medication will be asked to see a doctor or practice nurse to review prescriptions at regular intervals. Please ensure that you book an appropriate appointment to avoid unnecessary delays regarding further prescriptions.

Write down clearly what medications you require in **BLOCK capital letters**.

- If in doubt bring your medication packs to reception and our team will be happy to help.
- If you require further medications please continue your list on another request form.

	Medication	**Strength**	**Form**	**Dosage**
E.g.	Name of drug	75mgs	Tablet	1 once daily
1				
2				
3				
4				
5				

To comply with data privacy legislation, in the event you are unable to collect your prescription in person, please complete the consent form below.

I consent to my prescription being collected by:	
Signature:	**Date:**

Our practices are consistent with the Medical Council Guidelines and the privacy principles of the Data Protection Acts. www.icgp.ie/data. All details are kept strictly confidential.