REPEAT PRESCRIPTION REQUEST FORM

PLEASE ALLOW 48 HOURS FOR COLLECTION

Name: …… Mobile number: ……

Date of birth: …… Date: ……

Medication required: ……

……..

Holiday Prescription request:

Date of travel …… until ……

If you would like to tell us your usual pharmacy, we can arrange for your prescription to be sent automatically to them, so you don't have to come back to the surgery to collect your prescription.

Name of Pharmacy: ……

You can also order your medication online via our website: colindalemedicalcentre.nhs.uk or on the NHS App.