

Beechlawn Medical Centre

Patients requiring repeat prescriptions are asked to attend their doctor for review on a regular basis.

Print out this form and complete it. You can choose to return your completed form to us either by post or drop it in to us.

Please enclose a stamped addressed envelope if you require your prescription script to be posted back to you.

Repeat Prescription Request Form

Name (Required)

Date of Birth (Required)

Email (Required)

Phone (Required)

Medical Card

Doctor (Required)

Home Address

Pharmacy (Required)

Consent (Required)

I consent to and wish to avail of electronic prescriptions which means my prescription can be digitally sent from my GP to my chosen

Allergies

Medications

	Medication Name	Dosage	Quantity / Dose	Freq. taken / day
1				
2				
3				
4				
5				