

Grove Health Centre

129 Dundee Road, Broughty Ferry, Dundee DD5 1DU

Tel: 01382 778881 Fax: 01382 731884

www.grovehc.co.uk

REPEAT PRESCRIPTION REQUESTS

NAME.....

DATE OF BIRTH.....

CONTACT NUMBER.....

Please tick the relevant option regarding your repeat prescription:

I wish to collect my prescription from the practice []

I wish my prescription to be sent to:

Chemist	Please tick
Mcpersons Pharmacy	<input type="checkbox"/>
Boots Pharmacy	<input type="checkbox"/>
MacFarlanes Pharmacy	<input type="checkbox"/>
Lloyds Pharmacy	<input type="checkbox"/>
Troups Pharmacy	<input type="checkbox"/>
Ashludie Pharmacy	<input type="checkbox"/>
Rowlands Pharmacy	<input type="checkbox"/>
Panmuirfield Pharmacy	<input type="checkbox"/>

Please list your required medications including full name and strength of medication:

1.
2.
3.
4.
5.
6.

Please note that any prescriptions ordered too early will not be issued.