

**SHEPHALL HEALTH CENTRE**

**REQUEST FORM FOR PRESCRIPTIONS IN THE ABSENCE  
OF PRESCRIPTION COUNTERFOIL**

PLEASE COMPLETE ALL FIELDS CLEARLY TO AVOID DELAYS

<b>DATE OF REQUEST</b>	
<b>PATIENT NAME</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	
<b>TEL No</b>	

<b>PRESCRIPTION</b> (exact details)		
<b>DRUG NAME</b>	<b>DRUG STRENGTH</b> (e.g. 5mg)	<b>DAILY DOSE</b> (e.g. 1 tablet at night)

Please allow at least 3 working days for prescription request.  
Urgent requests will be considered only in exceptional circumstances by the doctor.

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**SHEPHALL HEALTH CENTRE**  
**REQUEST FORM FOR MEDICAL CERTIFICATES**  
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DATE OF REQUEST	
PATIENTS NAME	
DATE OF BIRTH	
ADDRESS	
TELEPHONE No.	

REASON	
DATE FROM	DATE TO

- PLEASE NOTE THAT MEDICAL CERTIFICATES
1. CAN BE COLLECTED AFTER 72 HOURS (3 WORKING DAYS)
  2. CAN ONLY BE GIVEN AFTER 7 CALENDAR DAYS OF SELF-CERTIFICATION
  3. CAN ONLY BE ISSUED FROM TODAY'S DATE OR BACKDATED IF APPROPRIATE
  4. CANNOT BE REQUESTED IN ADVANCE

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