**Donabate Clinic - Repeat Prescription Request**

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pharmacy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In order for us to safely prescribe your medicine we require a written list of the medicines you take regularly. Please list ALL medication including inhalers, gels, patches. You will find the names of the medications you take on the boxes you have at home. Please list all the medications you require below**:

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| --- | --- | --- |
| Medication | Dose/Frequency | Duration |
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| Eg. Nuseals aspirin | 75mg/once a day | 6 months |

**Please allow 48 hours for us to have your script ready. Please try and request all the medicines you will need at the same time.**