**Donabate Clinic - Repeat Prescription Request**

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

In order for us to safely prescribe your medicine we require a written list of the medicines you need.

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**