

Acute Prescription Request Form

An acute prescription is a 'one-off' prescription which the GP has decided not to add to your repeat list of regular medication. This may be a prescription for a short course of treatment or for a new medication until you are stabilised on it. Some medication is not suitable for prescribing on repeat prescription. The medical centre may need to contact you to discuss your prescription request. The purpose of this form is to reduce any delay in processing your request. Common reasons for delay include requests for painkillers where it is unclear what you are taking them for or where they are being taken for a reason which is different from the initial reason they were prescribed. It is important that particular care is taken with painkillers to make sure they are being prescribed safely. Other examples which can cause delays are requests for medication where a review needs to be carried out to establish that continued prescribing is appropriate. All Sections of this form must be completed. Please help us by ensuring that all handwritten requests are clearly legible.

Date of Request

Patient's Name

D.O.B

Telephone Contact

Email address (optional)

Medication requested (including name, strength and dose)

Please state clearly what this medication was prescribed for.

Are you requesting it for the same symptoms? Y / N.

If not, full details of the condition for which you are requesting it

Requests for acute prescriptions take longer to process because the GP needs to review your medical records to determine the appropriateness of the medication you have requested.

To be completed by the practice

Issue as acute

add as repeat and issue

request refused

contact patient for further information

Advice call required

appointment requested with :-

blood test required:-

--	--