NUMBER 47 MEDICAL PRACTICE

47 Fair Street, Drogheda, Co Louth Ph: 041 9837501 Fax: 041 9839284 Email your form back to us at: info@47medicalpractice.ie Please allow 48 hours for prescription requests

REPEAT MEDICATION ORDER FORM

This form must be used to order a repeat prescription for long term medication needed.

Patients Name:	
Patients Date of Birth:	
Patients Address:	
Date being ordered:	
Contact Phone No.:	

Your prescription will be available for collection <u>48 hours</u> after we received this form. <u>PLEASE USE CAPITAL LETTERS & ENSURE WRITING IS LEGIBLE</u>

Name of Medication	Strength	Number taken per day
Example:		
Aspirin	75mg	One daily

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