Doctors House

Prescription Request form

*Please note, if you have online access via patient access or the NHS App you make your repeat prescription requests online or via the app.*

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| --- | --- | --- | --- |
| Date: | Name: | Date of Birth: | Telephone No |
|  |  |  |  |
| Medication required: | | | |
| If you are requesting something that is not part of your regular repeat medication then please state why you are making the request: | | | |
| When you nominate a pharmacy, your prescriptions are sent directly to them. Did you want to nominate a pharmacy? If yes, please provide name & address of the pharmacy : | | | |

*Please note, repeat prescriptions take 2 full working days to process*