

Example Form

Tick here if you want to collect medication directly from the pharmacy

Your name	Mr Mickey Mouse Disneyland Paris France	CONFIDENTIAL	Castle Practice Central Street Ludgershall SP11 9RA Tel: 01264 790356
Name and strength of medication	Please use this form to re-order your repeat medication, (please tick the requires). TELEPHONE REQUESTS WILL NOT BE ACCEPTED. A minimum of 2 working days to collect from Surgery or 3 working days to collect from Pharmacy If you wish to collect from Pharmacy please tick here ()		
How you should take the medication	There are 2 items on this re-order form 11/08/08		
When you were last issued with this medication	1. LEVOTHYROXINE tabs 50micrograms TAKE ONE EACH MORNING Last ordered on 11/07/2008. You may order 2 more		Date the form was printed
	2. METFORMIN tabs 500mg TAKE TWO TWICE DAILY Last ordered on 11/07/2008. You may order 3 more		Tick here to order this medication
			How many more times you can order this medication without seeing the doctor for review