REPEAT PRESCRIPTIONS REQUEST FORM

Malvern Medical Group operates a policy of accepting repeat prescription requests in written form only. Our admin staff members are no longer permitted to accept verbal requests for medication at any time. This policy is in place to;

- Ensure maximum patient safety.
- Ensure that patients are aware of the medications they are requesting.
- Reduce the risk of prescribing of unnecessary medications.
- Ensure accurate records of patient medication requests are retained.
- Minimise human error.

We aim to have all prescription requests reviewed within 2 working days.

Name	Date of Birth	Mobile Number	Medical Card No:	Medical Card Exp

Pharmacy Name & Address

Item	Medication Name	Dose	Quantity	Frequency	Duration (Max 6 months)
e.g.	*Paracetamol*	*500mg*	*2 tabs*	*3 times daily*	*6 months*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Has your medication been changed by another Doctor or Consultant since your last review: Yes / No

If Yes please List medications stopped or started and by whom and reason if known