

REPEAT MEDICATION REQUEST

TO AVOID MEDICATION ERRORS, PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Please note: This form can only be used to re-order prescriptions for items that have been authorised for repeat Prescribing. If *your item is not on repeat, you have exceeded the number of repeats available, passed the last authorisation date or otherwise need review*, you will be asked to attend for a routine appointment.

YOUR DETAILS	
FULL NAME	
DATE OF BIRTH	
ADDRESS	
TELEPHONE	
EMAIL	

YOUR ORDER - Please list the items you wish to order:	
#1	
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	

DESTINATION - What do you want to happen to your prescription (✓)	
<input type="checkbox"/>	Send electronically (via EPS) to:
<input type="checkbox"/>	I will collect from reception
<input type="checkbox"/>	I have left a stamped address envelope already, please post to me using that envelope
<input type="checkbox"/>	I have purchased postage online from your website Please enter your PayPal reference:

COMMENTS

CONFIRMATION
<ul style="list-style-type: none">I wish to order the above drugs.I understand it takes two working days to process my orderI understand that if there are any problems, then the drugs will not be issued & I will be invited to see a doctor. <p>Signed: _____ Date: _____</p>

Please post to: UNIVERSITY HEALTH SERVICE, UNIVERSITY OF SOUTHAMPTON, HIGHFIELD, SOUTHAMPTON SO17 1BJ