

Glasnevin Family Practice

PRESCRIPTION RENEWAL FORM

- ***We have updated our Privacy Policy to meet the requirements of the General Data Protection Regulation (GDPR). From 25th May 2018, we regret that we can no longer send or receive faxed prescriptions.***
- ***If someone is collecting a prescription on your behalf, please provide the name in the space provided below under Nominated Person for Prescription Collection. The nominated person should bring photo I.D. i.e. Driving Licence, Bus Pass etc. when collecting prescriptions.***
- Prescription renewal request must be submitted on this form.
- Please hand in the completed form to reception **at least 2 working days** before your prescription is due.
- Renewed prescriptions may be collected daily from 11am onwards Monday to Friday (2 working days after you have left in your completed form)
- Alternatively you may forward the completed form by post at least one week before renewal of your prescription. Please enclose a stamped addressed envelope if you wish to have your prescription posted back to you.

YOUR CO-OPERATION IS GREATLY APPRECIATED IN THIS MATTER.

Name: _____ Telephone: _____

Address: _____ Date of Birth _____

Medical Card Number: _____ Prescription for (please circle) 1 / 3 / 6 months

NOMINATED PERSON FOR COLLECTION: _____

No.	Name of Medication	Dose	How many taken per day
1			
2			
3			
4			
5			
6			
7			

8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

FOR OFFICIAL USE ONLY

Received _____ Chart _____ Signed by (Dr) _____