*Hedge End Medical Centre*

**Batch Prescriptions from your pharmacy**

No need to order your repeat medication from the surgery!

Do you want to save time?

Has your regular medication stayed the same for at least 6 months?

Was your last hospital stay at least 6 months ago?

If you have answered **YES** to ALL of the above questions please complete this form and return to reception by email or by hand. Read the patient leaflet for more information.

**Please fill in and return to Hedge End Medical Centre**

**I would like to be considered for Batch Prescription Service**

|  |  |
| --- | --- |
| Your name (print) ……………………………………………………………………… | |
| Your signature …………………………………………………………………………… | |
| Your date of birth ………………………………………………………………………. | |
| Name of your preferred pharmacy  …………………………………………………… |  |
| Do you pay for your prescriptions? (yes/no) | |
| Today’s date ………………………. | |

Return to reception by hand or by email: [hiowicb-hsi.hemcadmin@nhs.net](mailto:hiowicb-hsi.hemcadmin@nhs.net)