*Hedge End Medical Centre*

**Batch Prescribing renewal form**

Use this form if you have been told by your pharmacy that they have issued your final batch prescription.

Once we have received this form back, we can review your medication and advise you of any monitoring needed before we can reset your repeat dispensing batches.

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

**I would like to renew my batch prescription**

|  |  |
| --- | --- |
| Your name (print): | |
|  | |
| Your date of birth: | |
| Name of your preferred pharmacy: |  |
|  | |
|  | |

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