

ST. PETER'S SURGERY
51 Leckie Road, Walsall, West Midlands, WS2 8DA - Fax No. 01922 746477
REPEAT PRESCRIPTION LEAFLET

ORDERING A REPEAT PRESCRIPTION

Please note we request 48 hours (2 working days) notice to prepare your repeat Prescription. We would prefer you to order your repeat prescription "Online" (see WWW.STPETERSSURGERY.COM) failing that by post or fax using the order form on the back of this leaflet, stating clearly the items you required. If you need the prescription returning to your home address, please enclose a stamped, addressed envelope. Ordering "Online", by post or fax reduces the risk of a prescribing error, improves patient safety and saves our telephones for appointment requests. If ordering by post or fax, please mark the envelope or fax clearly "PRESCRIPTION REQUEST". If you wish us to return your repeat prescription in the post please provide a stamp addressed envelope. Alternatively you can place your written requests, using this form, in the repeat prescribing box located next to the Self check-in screen in the Surgery's main reception area.

PLEASE NOTE: Requests for repeat medication will not be taken over the telephone.

FOR ITEMS NOT ON THE COMPUTER YOU WILL HAVE TO SEE A DOCTOR.

REVIEW DATE

We expect all patients requiring a repeat prescription to have a periodic review of your medical conditions and medications. The doctor may need to see you more often and will advise you. You will not be allowed a repeat prescription after your review date unless the doctor has seen you. This is to check your medical condition is under control and the medications are still appropriate for your condition.

YOUR MEDICATION - YOUR RESPONSIBILITY

We expect you as a patient to take some responsibility for the management of your own drugs.

- * *Please only order items that you need*
- * *Please do not hoard supplies, all medication has an expiry date and cannot be recycled*
- * *Please do not run out of medication, order repeat medication in good time*
- * *Please allow 48 hours (2 working days) to obtain a repeat prescription*
- * *Please inform the Practice if you want extra medication (i.e. for holiday)*
- * *Please ensure you know why you are taking the drugs – speak to a doctor, nurse or pharmacist if you have any questions regarding your medication*
- * *Please attend for your review when asked*

COLLECTION

Prescriptions are available to collect from the Surgery 48 hours (2 working days) after you have made your request.

Some chemists will collect your prescription on your behalf – If you want to have your prescription collected by a chemist you will need to order your prescription and then arrange with the Chemist of your choice to collect your prescription.

Please note: Your chosen Chemist will be able to collect your prescription 48 hours (2 working days) after you have made your request.

REPEAT PRESCRIPTION ORDER FORM

NHS NO: D O B:

NAME:

ADDRESS:

DRUG NAME:

- | | |
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| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |

Comments

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Surgery use only

Date Time
Request taken by Collected (date/time)