**UNIVERSITY HEALTH CENTRE**

**REPEAT PRESCRIPTION REQUEST**

If you require a repeat prescription, you will have to be initially assessed by the practitioner before the ***first*** repeat prescription can be made. You will need to make an appointment with a practitioner at the Health Centre (0117 328 6666) in order to do this. Thereafter repeat prescriptions can be obtained by filling in the form below. The prescription request will then be sent electronically to your nominated pharmacy for collection. ***PLEASE ALLOW 48 TO 72 HOURS TO ELAPSE FROM REQUEST TO PICK UP.***

Any further questions, please do not hesitate to ask Health Centre reception staff.

Nominated Pharmacy Name and address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**UNIVERSITY HEALTH CENTRE**

**REPEAT PRESCRIPTION REQUEST**

We do not accept requests for repeat prescriptions by telephone. This form is to request repeat prescriptions. Please complete fully.

AFTER REQUEST, **PLEASE ALLOW AT LEAST 48 to 72 HOURS** BEFORE COLLECTING YOUR PRESCRIPTION.

NAME: ……………………………………………………………… D.O.B: …………………………………. DATE: …………………………………

Tel No: …………………………………………………. When do you require this medicine to start? ………………………………….

Have you attended a previous appointment with UWE Health Centre regarding this medication before? YES/NO

If yes, approx. date: ………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **Name of Medication** | **Strength/Dose** | **Number Required** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**\*\*\* REMEMBER IF YOU CHANGE YOUR NOMINATED PHARMACY, FOR EXAMPLE, WHEN YOU GO HOME, IT IS YOUR RESPONSIBILITY TO CHANGE IT BACK WHEN YOU RETURN TO UNIVERSITY \*\*\***