

# Rathfriland Health Centre

John Street, Rathfriland BT34 5QH

## Prescription Request Form

<b>Practice Details</b> (Tick appropriate practice)	<b>1. Megaw</b> <input type="checkbox"/>
	<b>2. Shannon Practice</b> <input type="checkbox"/>
	<b>3. Wade/Toner/McAlonan</b> <input type="checkbox"/>
<b>Patient Details:</b> Name: Address: Date of Birth:	
<b>Date of request:</b>	<b>Prescription type</b> Acute <input type="checkbox"/> Repeat <input type="checkbox"/>
<b>Provide name of medication needed:</b>	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Additional information:	

\* Acute prescriptions will be ready within 24 hours

\*\*Repeat prescriptions will be ready 48 hours after request is processed

If you have registered for pharmacy collection your prescription will be forwarded to your nominated pharmacy after signing.

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