

<p>Tooting South Medical Centre 22 Otterburn Street SW17 9HQ Repeat Prescription Request Form Please Allow TWO working days (48 hours) before collection</p>		
<p>This form can be used to request a repeat prescription if you do not have the prescription request slip (right hand side of your prescription). All information required must be provided on the form to help the practice to process your request efficiently. Failure to provide all information may result in a delay to your request being processed.</p>		
Date of request:	First Name:	Surname:
D.O.B	Telephone Number:	
ITEMS REQUIRED		DOSE
1.		
2.		
3.		
4.		
5.		

Prescription Collection	Please tick
I would like to collect this prescription myself or	
I will collect the prescription from the following pharmacy:	
• Pearl Chemist	
• Cospharm	
• Boots	
My prescription will be collected by:	
• Family Member*	
• Friend/Neighbour*	

*Please complete the declaration below if you give permission for your prescription to be collected by either a family member or a friend or neighbour on your behalf:

I give permission
 for.....
 To collect my prescription on my behalf.

Signed: Date:.....
 Please print name: