

Thornhills Medical Practice – Prescription Request Slip

Date of Request: _____

Patients Full Name: _____

Date of Birth: _____ Tel No: _____

Address: _____

Please state the name of the medication; no further action will be taken with this request unless you do e.g. 'blue inhaler' or 'water tablets' are not acceptable.

Name of Medication e.g. Simvastatin Tablets	Strength e.g. 40mg
1.	
2.	
3.	
4.	
5.	
6.	

Prescriptions will be held at the practice if a box is not ticked. Please indicate if you would be happy for your prescriptions to be sent electronically by ticking the E box:

Sainsburys Pharmacy E

Paydens Pharmacy E

Tesco Pharmacy E

Named Electronically enabled Pharmacy (please provide details below)
Name: _____ Postcode: _____

Home Delivery (Registered housebound patients only)

**Please allow a minimum of 2-3
clear working days for your
prescription to be available**

Please place this request in the letterbox outside on the right hand side of the main entrance.

Repeat prescriptions can also be ordered via an online account: please register for one today. Ask at Reception or visit our website at www.thornhillsmedical.co.uk