



## REQUEST FORM – EMAIL REPEAT PRESCRIPTION ORDERING

I would like to send my repeat prescription requests to you by email

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address (please write clearly) \_\_\_\_\_

Signed \_\_\_\_\_ (Patient)

### ***Reception use only***

Computer Ref. No: \_\_\_\_\_

Accepted and procedure explained by: \_\_\_\_\_ **(Receptionist)**