Repeat Prescription Request

Please complete all the boxes below and e-mail to prescriptions@hcaprimarycare.co.uk

Title (Mr/Mrs/Miss/Other)	
Surname	
First name	
Date of birth	
Contact telephone number	
	Name:
Medication	Dose:
	Amount Required:
	Name:
Medication	Dose:
	Amount Required:
Request date:	
HCA UK Primary Care location to collect from:	
Pharmacy address, telephone and fax (Please note there is a postal charge of £5):	
Home Address: (For My HCA GP Patients only)	Work address: (For My HCA GP Patients only)

Prescriptions will be available for collection within 24 hours of request unless you indicate below either a home or work address to which you would like them posted.

I confirm that I have completed this request form myself.

In the event that I am unable to collect the prescription from the medical centre myself, I give permission to collect it for me.

N.B - The prescription will only be given to a named person with identification.

Please note:

- My HCA GP patients ONLY please let us know if you would like the prescription delivered to you
- If HCA Healthcare UK has not previously prescribed this medication for you, you will need to see one of the doctors. An appointment can be made on 0345 437 0691 (option 6)
- If you are requesting the contraceptive pill, you must have your blood pressure checked every 6 months.
- If the doctor feels you need a review appointment prior to the medication being prescribed, please understand that this is to ensure safe monitoring and prescribing.
- Due to the nature of e-mail, confidentiality prior to receipt by HCA Healthcare UK cannot be guaranteed.

For Doctor's use: Px issued Drug dispensed Review appt needed

