Repeat Prescription request

Please complete all the boxes below and email to prescriptions@hcaprimarycare.co.uk

| Title (Mr /Mrs/Miss/Other) | | | | |
|---|---|-------------------------|---|---|
| Surname: | | | | |
| First name: | | | | |
| Date of birth: | | | | |
| Contact telephone number: | | | | |
| Medication details: | Name | | Dose | Amount required |
| | | | | |
| | | | | |
| | | | | |
| Request date: | | ı . | | l |
| If you would like your medication to be couriered directly to your chosen postal address by our independent partner, Pharmacierge, please submit your preferred mobile phone number and email address in the relevant sections below. Pharmacierge will contact you by SMS, email, and/or phone to confirm the cost of couriered delivery to your chosen postal address, followed by a delivery time slot after your payment to them has been processed. | | | | |
| Preferred mobile phone number | | Preferred email address | | |
| If you would prefer to take your prescription to a pharmacy of your choice, you can collect it from us or have it sent to your chosen postal address. Prescriptions are chargeable at your chosen pharmacy. | | | | |
| nave it sent to your chosen posta | | | | |
| Medical clinic for collection: (£15 service) | al address. Prescri | Desire | | chosen pharmacy. |
| Medical clinic for collection: (£1 | ocharge for your requested pharable to open the atta | Desired charge | d postal address or pre for service) e will encrypt the email is when sent this way. If ion to be emailed uner | ferred pharmacy (£17 using Egress. this is the case with your acrypted. Yes: |

Any queries regarding your request: telephone 0345 437 0691 opt 6 or email prescriptions@hcaprimarycare.co.uk

I confirm that I have completed this request form myself. In the event that I am unable to collect the prescription from my chosen location, I give permission for _ to collect it on my behalf.

N.B. The prescription will only be given to this named person and on proof of identity.

Please note:

- If an HCA UK Primary Care doctor has not previously prescribed this medication for you, you will require a doctor consultation.
- To book an appointment contact 0345 437 0691 opt 1 or email appointments@hcaprimarycare.co.uk
- If the Doctor determines you require 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 this email, confidentiality prior to receipt by HCA UK Primary Care cannot be guaranteed

