

**santryGp.ie Clinic**  
**Unit 1 Northwood House, Northwood**  
**Santry, Dublin 9**

Tel: 01 842 0007 Fax: 01 8579652

**Prescription Request:**

<p><b><i>Please</i></b>  <b><i>Reuse this</i></b>  <b><i>form for your</i></b>  <b><i>next request</i></b></p>
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**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

List of Medications Needed (including Tablets/ Creams/ inhalers) if there is anything you don't need leave it off the list.

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***please allow 2 days for request to be processed***

**Your Guide to Repeat Prescriptions**

**Please**

- |   |   |
|---|---|
| 1 | Fill out form <b>including Tablets, Creams, Inhalers</b> needed     |
| 2 | Leave in your list for repeat medications <b>only if you do not</b> |

- need to** see the Doctor.
- 3 Give us a **minimum of 2 days** to deal with your prescription request. You can then collect it from reception.
  - 4 Please phone reception to confirm your prescription is ready before coming in.
  - 5 If you have a long list of Medications, you can ask reception for a print out

**If you have any queries do not hesitate to speak with one of our Doctor's or other practice staff who will be delighted to help.**

