

Your Name	AK James
Date of Birth	02-03-2000
Phone	0834686254
Your Email	kayzedd@gmail.com
Current Location	Dublin
Is this a repeat prescription or first time prescription?	Yes
If yes, please specify the name of prescribed medication and dosage	Eltroxin 50mcg
Who are you requesting this prescription for?	Myself
Do you have Allergy to any medication?	No
Please provide list of your regular medications	Omesar 20mg once daily
Please specify your gender	Male
Are you pregnant or breastfeeding at present? (FEMALE only)	No
Please indicate the pharmacy name and address you'd like us to send your prescription to.	Donnelly's pharmacy Portmarnock
When was your last thyroid blood test (TFT)? Please specify date and provide result of your thyroid blood test below if you remember	TSH=12.4, T4=7
Are you currently taking medication for hypothyroidism?	Yes
Have you ever been told to stop thyroid medication or that you are unsuitable for this medication?	No
Have you ever been declined thyroid medication before?	No
Have you ever had overactive thyroid?	No
Have you ever had allergic reactions to thyroid medication before?	No
Have you got a copy of your latest thyroid blood results ?	Yes
Please specify the name of preferred pharmacy where you want to collect	Donnelly's Portmarnock

your prescription/medications?	
Is there any other medical information relevant to your condition that you think the doctor should consider?	No
Do you have any past medical or surgical history that you want to mention to our doctor	None
I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request.	I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request.
I am confirming the treatment prescribed above will be for my personal use	I am confirming the treatment prescribed above will be for my personal use
I have read and agreed with the terms and conditions and privacy policy of FamilyDoc247	I have read and agreed with the terms and conditions and privacy policy of FamilyDoc247
I will read the leaflet for detailed side effects/contraindications before taking the prescribed medication. If I feel unwell after taking the medication, I will seek urgent medical advice/attention at my local GP, out-of-hours doctor service, or emergency department	I will read the leaflet for detailed side effects/contraindications before taking the prescribed medication. If I feel unwell after taking the medication, I will seek urgent medical advice/attention at my local GP, out-of-hours doctor service, or emergency department
I confirm that the answers I have provided for the above questions are true and accurate to the best of my knowledge.	I confirm that the answers I have provided for the above questions are true and accurate to the best of my knowledge.
I confirm and agree that any treatment prescribed for me is for my personal use only.	I confirm and agree that any treatment prescribed for me is for my personal use only.
I fully understand the side effects of the treatment options, their effectiveness, and alternative options and I am happy to continue with my request.	I fully understand the side effects of the treatment options, their effectiveness, and alternative options and I am happy to continue with my request.