

To be retained by your pharmacy

To be completed by the patient or carer

Pharmacy Stamp Age: 00 y 00.00 00/00/0000		Title, Forename, Surname & Address Patient's name Patient's full address NHS Number:	
(Please do not stamp over age box) Number of days' treatment N.B. Ensure dose is stated Endorsements:		Patient's name Current date: Page 1 of 1 D.O.B.: 00/00/0000 Age: 00 y NHS#	
Atorvastatin 20mg tablets 28 tablet take one daily --- * --- Cimetidine 20mg gastro-resistant capsules 28 capsule take one daily --- * --- Salbutamol 100micrograms/dose inhaler CFC free 200 dose inhale 2 doses as needed --- * --- 3 items on this prescription		**PLEASE ALLOW 48 HOURS FOR REPEAT PRESCRIPTIONS** Order your medication online 24 hours a day! Ask at reception for an application form! When we are closed, please now contact the NHS on 111. ****FLU VACCINATIONS ARE NOW AVAILABLE**** ****STOP WASTE PLEASE ONLY ORDER THE ITEMS YOU NEED**** Atorvastatin 20mg tablets 28 tablet, take one daily Last issued: Tuesday 09 Dec 2014 Next Issue Due: Tue 06 Jan 2015 Issues Remaining: 0 Cimetidine 20mg gastro-resistant capsules 28 capsule, take one daily Last issued: Tuesday 09 Dec 2014 Next Issue Due: Tue 06 Jan 2015 Issues Remaining: 0 Salbutamol 100micrograms/dose inhaler CFC free 200 dose, inhale 2 doses as needed Last issued: Tuesday 09 Dec 2014 Next Issue Due: Fri 19 Dec 2014 Issues Remaining: 0	
Signature of Prescriber Date Current date		Your doctor's name 894796	
For dispenser No. of Prescriptions on form []		Your doctor's name	
NHS 03550196349 FP30SS0608		PATIENTS - please read the notes overleaf	