**PRESCRIPTION ORDER FORM**

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth**: \_\_\_ / \_\_\_ / \_\_\_\_\_ (Day / Month / Year)

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Medication\*** | **Dose\*** | **Quantity\*** | **Frequency\*** |
|  | e.g. Paracetamol | e.g. 500mg | e.g. 1 tab | e.g. 3 times / day |
| **Drug 1** |  |  |  |  |
| **Drug 2** |  |  |  |  |
| **Drug 3** |  |  |  |  |
| **Drug 4** |  |  |  |  |
| **Drug 5** |  |  |  |  |
| **Drug 6** |  |  |  |  |
| **Drug 7** |  |  |  |  |
| **Drug 8** |  |  |  |  |
| **Drug 9** |  |  |  |  |
| **Drug 10** |  |  |  |  |

**NOTES**

If you require additional medications, then please continue your list on another request form. If you have any difficulty completing this form, then please ask your pharmacist for assistance. We aim to have all prescription requests reviewed within **2 working days**.  Please do not attend the practice to collect your prescription before this.

Please return the completed form to us by hand, post or via email to [[insert](mailto:prescriptions@cssdoctor.ie) email address]. Alternatively, you can complete our online Prescription Order Form at [[insert](http://www.cssdoctor.ie/prescriptions) website address where applicable].

I confirm my request for all of the above medications be re-prescribed for my personal use.

**Patient Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_ / \_\_\_ / \_\_\_\_\_\_ (Day / Month / Year)