[Practice Headed Paper]

PATIENT NOTICE

**Repeat Prescriptions**

1. As a minimum, the patient’s **name**, **date of birth** and **telephone number** must be clearly written on the Prescription Order Form.
2. The Doctor may need to see the patient for a medication review before a Repeat Prescription is issued or the patient may require a blood test.
3. We will endeavour to make all Repeat Prescriptions available within [2 working days] of a request to do so although the process may take slightly longer during busy periods.
4. Please note that we cannot accept any request for Prescriptions or Repeat Prescriptions over the telephone or verbally.
5. Repeat Prescriptions cannot be issued by Reception Staff.
6. A list of a patient’s current medication is very helpful in an emergency. Patients should be advised to keep it safely on their person (purse/wallet/driving licence).
7. Patient to direct any queries or comments to their own Doctor where possible.

**Thank you for your co-operation with this Safety Initiative.**