LANTERN SURGERY

REPEAT PRESCRIPTION REQUEST

Please complete in BLOCK CAPITALS and either bring to the surgery

or fax it to 0208 398 9825

PLEASE allow 48 hours notice.

Date...

Surname..

Forename..

Address..

....

Prescriptions required..

....

....

....

- *Tranquillisers and sleeping tablets will not be prescribed on repeat.*
- *You do need to see your doctor each time for these medications.*

- Please do not use the telephone for repeat prescriptions.

Please send my prescription to the following chemist for direct collection

**WALLIS JONES / BOOTS CLAYGATE (Wakefields) / RISDONS/ CENTRAL PHARMACY

To be collected from surgery.

****Please do indicate your prescriptions destination.**