ARKLOW
Medical
Practice
LOOKING OUT FOR YOU

Dr. Ian Bothwell (IMCN: 03139)
Dr. June Coates(IMCN: 18248)

REPEAT PRESCRIPTION REQUEST

All requests for repeat prescriptions must be submitted in writing **48 hours** in advance.

Name: _____ DOB: _____

Address: _____

Phone Number:_____ Medical Card No (if applicable): _____

Please include all medications required below:

	Medication	Dose	Quantity taken each dose	No. times taken daily	Duration
Eg:	*Paracetamol*	*500mg*	*1 tablet*	*3 times daily*	*1 month*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please circle one of the following options for collecting your prescription:

1. Collect your prescription yourself
2. Please enclose a stamped, addressed envelope if you require your prescription to be posted to you
3. Pharmacy to collect your prescription – please indicate which pharmacy below:
   I. I authorise _____ (pharmacy) to collect my prescription from Arklow Medical Practice. (Please be aware that some pharmacies only collect prescriptions from the surgery once a week.)

Signed: _____ **Date**: _____

SURGERY NOTE TO PATIENT:

Phone: (0402) 32421
Email: reception@arklowmedicalpractice.ie
Address: 3 Upper Main Street, Arklow, Co. Wicklow, Y14 C9D8
Healthmail (HSE & Medical Professionals Only): arklowmedicalpractice.gp@healthmail.ie