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. | | | | | |

All prescriptions are now sent directly to the pharmacy via a secure electronic platform.

Please state the pharmacy you would like your prescription sent to: _____

**Signed**: _____ **Date**: _____

**In an effort to be more environmentally conscious, we are reducing our use of paper for practice communication. You can now order your Repeat Prescription online on our website:* ***www.arklowmedicalpractice.ie***.
*If you would like to receive appointment reminders, normal test results and practice updates via SMS, please let us know at Reception or sign up on our website.*

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