**Dr A K Sinha, Dr M Verma, Dr S Manohar & Dr A Anand**

**Brace Street Health Centre (M91014), 63 Brace Street, Walsall, West Midlands, WS1 3PS**

**Telephone: 01922 624605**

**REPEAT PRESCRIPTION LEAFLET**

# ORDERING A REPEAT PRESCRIPTION

Please note we request 48 hours (2 working days) notice to prepare you repeat Prescription. We would prefer you to order your repeat prescription “Online” (see [www.bracestreethealthcentre.nhs.uk](http://www.bracestreethealthcentre.nhs.uk)[)](http://www.stpeterssurgery.com/). Alternatively, you can request medications by post (the order form on the back of this leaflet), statingclearly the items you required.

If you need the prescription returning to your home address, please enclose a stamped, addressed envelope.

Ordering “Online” reduces the risk of a prescribing error, improves patient safety and saves our telephones for appointment requests. If ordering by post, please mark the envelope clearly “PRESCRIPTION REQUEST”.

If you wish us to return your repeat prescription in the post please provide a stamp addressed envelope.

Alternatively you can place your written requests, using this form, in the repeat prescribing box located next to the

**PLEASE NOTE:** Requests for repeat medication will not be taken over the telephone.

***FOR ITEMS NOT ON THE COMPUTER YOU WILL HAVE TO SEE A DOCTOR***.

# REVIEW DATE

We expect all patients requiring a repeat prescription to have a periodic review of your medical conditions and medications. The doctor may need to see you and will advise you. We may not be able to issue repeat prescription if your review is overdue and until the doctor or our practice pharmacist has reviewed you. This is to check your medical condition is under control and the medications are still appropriate for your condition and are safe for you.

# YOUR MEDICATION - YOUR RESPONSIBILITY

We expect you as a patient to take some responsibility for the management of your own drugs.

* *Please only order items that you need*
* *Please do not hoard supplies, all medication has an expiry date and cannot be recycled*
* *Please do not run out of medication, order repeat medication in good time*
* *Please allow at lease 48 hours (2 working days) to obtain a repeat prescription*
* *Please inform the practice if you want extra medication (i.e. for holiday)*
* *Please ensure you know why you are taking the drugs – speak to a doctor, nurse or pharmacist if you have any questions regarding your medication*

*\* Please attend for your review when asked*

# COLLECTION

Prescriptions are normally sent electronically to your nominated chemist. If you are asked to collect the prescriptions, it will be available to collect from the Surgery 48 hours (2 working days) after you have made your request.

Some chemists will collect your prescription on your behalf – If you want to have your prescription collected by a chemist you will need to order your prescription and then arrange with the chemist of your choice to collect your prescription.

**Please note:** Your chosen chemist will be able to collect your prescription 48 hours (2 working days) after you have made your request.

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November 2022

# REPEAT PRESCRIPTION ORDER FORM

NHS NO: .................................................................... D O B: ...............................................................

NAME: .......................................................................

ADDRESS: ..........................................................................................................................................................

DRUG NAME AND DOSE:

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| 1. ............................................................................ | 2. ............................................................................ |
| 3. ............................................................................ | 4. ............................................................................ |
| 5. ............................................................................ | 6. ............................................................................ |
| 7. ............................................................................ | 8. ............................................................................ |
| 9. ............................................................................ | 10. .......................................................................... |
| 11. .......................................................................... | 12. .......................................................................... |
| 13. .......................................................................... | 14. .......................................................................... |

Comments

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Surgery use only

Date ........................................................................ Time .......................................................................

Request taken by Collected (date/time)

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