Hirwaun Medical Centre

High Street,

 Hirwaun,

Aberdare

Rhondda Cynon Taff,

CF44 9SL

Tel: 01685 811999 Fax: 01685 814145

*Dr P K George, Dr S Khanna, Dr A Erhardt*

**Medication Request for Item(s) NOT on Repeat Prescription**

This document MUST be FULLY completed by the patient for safety reasons and it will take 48 hours for the practice to process the request.

Date of Request:

Patient Name: Date of Birth:

Address:

Contact Number:

Medication Requested:

1. .
2. .
3. .

Full details of condition(s) for which the medication is required:

Request received by:

|  |
| --- |
| To be completed by the practice: (Please Circle)Issue Acute Add as Repeat & IssueRequest Refused Advice Call RequiredAppointment required with: Nurse Doctor Blood test OtherPractice Comments: Form Completed by:  |