

Repeat Prescription Registration Form



Print the repeat prescription form, complete all areas in CAPITAL LETTERS and tick the appropriate boxes. Sign and date, and then either send it back via the post or by email to info@healthpluspharmacy.co.uk, or pop it into your local health plus pharmacy.

FIELDS MARKED WITH AN ASTERIX (*) ARE MANDATORY.

YOUR PERSONAL DETAILS

FIRST NAME* _____ TELEPHONE NO* _____

LAST NAME* _____ MOBILE NO _____

DATE OF BIRTH* EMAIL ADDRESS* _____

YOUR ADDRESS

ADDRESS* _____ TOWN/CITY* _____

POSTCODE* _____

YOUR DOCTORS SURGERY DETAILS

SELECT SURGERY*

GRANGETOWN

- Cardiff Bay Surgery
- Clare Road Medical
- Corporation Road
- Grangetown Health Centre
- Grange Medical
- Riverside Health Centre
- St Davids Court
- Taff Surgery

LLANDAFF

- Bishops Road Medical Centre
- Llandaff North Medical Centre
- North Road Medical Centre
- Whitchurch Medical Centre

WHITCHURCH

- Bishops Road Medical Centre
- Llandaff North Medical Centre
- North Road Medical Centre
- Whitchurch Medical Centre

TAFFS WELL

- Taffs Well Medical Centre
- Castle View Surgery

PONTNEWYNYDD (PONTYPOOL)

- Abersychan Group Practice
- Churchwood Surgery
- New Inn Medical Centre
- Panteg Health Centre
- The Mount Surgery
- Trosnant Lodge

If your surgery name isn't listed above, please provide their name and address here:

MEDICATION REQUIRED

PLEASE ENTER YOUR MEDICATIONS EXACTLY AS THEY APPEAR ON YOUR SURGERY RE-ORDERING FORM. THE ITEMS REQUESTED MUST BE ON YOUR REGULAR REPEAT MEDICATION LIST.

Drug Name & Strength*	Directions	Quantity
Paracetamol 500mg (example)	Two, four times a day (example)	100 (example)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

COLLECTION OR DELIVERY

WOULD YOU LIKE TO COLLECT YOUR PRESCRIPTION FROM YOUR LOCAL HEALTH PLUS PHARMACY? **OR** WOULD YOU LIKE YOUR PRESCRIPTION DELIVERED TO YOU FOR FREE BY ONE OF OUR RELIABLE OWN IN-HOUSE DELIVERY MEN?

COLLECTION

I would like to collect from a pharmacy (please select below)

DELIVERY

Please deliver to me

Preferred Health Plus Pharmacy for collection*

- Grangetown (Clare Rd) Whitchurch (Merthyr Rd)
- Grangetown (Bishop St) Whitchurch (Park Rd)
- Llandaff Pontnewynydd (Pontypool)
- Taffs Well

Collection start date*

ADVISED CONSENT

- I authorise Health Plus Pharmacy on my behalf to automatically order and manage my repeat medications every cycle (1/2/3 monthly)*
- I understand that I am required to notify Health Plus Pharmacy of any changes or medications that have been stopped or not required.*

SIGNATURE*

DATE*

ONCE COMPLETED SEND BACK VIA THE POST, EMAIL, OR POP IT INTO YOUR LOCAL HEALTH PLUS PHARMACY

Health Plus Pharmacy
 Head Office
 St Lukes Road,
 Pontnewynydd,
 Pontypool, Torfaen.
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