

**CAPELFIELD SURGERY REPEAT
PRESCRIPTION REQUEST**

Please complete clearly in BLOCK CAPITALS and place in one of the boxes provided.
PLEASE allow 72 hours notice if collecting from Wakefields/Boots Hare Lane.

Date:

Name:

DOB:

Address:

Medication required:

.....

.....

Tranquillisers and sleeping tablets will not be prescribed on repeat. You must see your doctor each time.
TO BE COLLECTED FROM THE SURGERY*
BOOTS HARE LANE* / BOOTS ESHER* / WALLIS JONES* / CLAYGATE PHARMACY* / CENTRAL ESHER* / *delete as appropriate

**CAPELFIELD SURGERY REPEAT
PRESCRIPTION REQUEST**

Please complete clearly in BLOCK CAPITALS and place in one of the boxes provided.
PLEASE allow 72 hours notice if collecting from Wakefields/Boots Hare Lane.

Date:

Name:

DOB:

Address:

Medication required:

.....

.....

Tranquillisers and sleeping tablets will not be prescribed on repeat. You must see your doctor each time.
TO BE COLLECTED FROM THE SURGERY*
BOOTS HARE LANE* / BOOTS ESHER* / WALLIS JONES* / CLAYGATE PHARMACY* / CENTRAL ESHER* / *delete as appropriate

**CAPELFIELD SURGERY REPEAT
PRESCRIPTION REQUEST**

Please complete clearly in BLOCK CAPITALS and place in one of the boxes provided.
PLEASE allow 72 hours notice if collecting from Wakefields/Boots Hare Lane.

Date:

Name:

DOB:

Address:

Medication required:

.....

.....

Tranquillisers and sleeping tablets will not be prescribed on repeat. You must see your doctor each time.
TO BE COLLECTED FROM THE SURGERY*
BOOTS HARE LANE* / BOOTS ESHER* / WALLIS JONES* / CLAYGATE PHARMACY* / CENTRAL ESHER* / *delete as appropriate

**CAPELFIELD SURGERY REPEAT
PRESCRIPTION REQUEST**

Please complete clearly in BLOCK CAPITALS and place in one of the boxes provided.
PLEASE allow 72 hours notice if collecting from Wakefields/Boots Hare Lane.

Date:

Name:

DOB:

Address:

Medication required:

.....

.....

Tranquillisers and sleeping tablets will not be prescribed on repeat. You must see your doctor each time.
TO BE COLLECTED FROM THE SURGERY*
BOOTS HARE LANE* / BOOTS ESHER* / WALLIS JONES* / CLAYGATE PHARMACY* / CENTRAL ESHER* / *delete as appropriate

CAPELFIELD SURGERY
REPEAT PRESCRIPTIONS

You can obtain these by leaving a written note at reception or at one of the pharmacies over the page, by fax (01372 470 258) or via our website: www.capelfieldsurgery.co.uk

Please include full details of the medication, your full name, address and date of birth.

We require 48 hours notice.

PLEASE do not use the telephone for repeat prescription requests.

All requests should be made in writing.

We will return your completed prescription to you by post if you enclose a stamped, addressed envelope. Prescriptions can also be sent directly to some local pharmacies (see over page) for you to collect.

CAPELFIELD SURGERY
REPEAT PRESCRIPTIONS

You can obtain these by leaving a written note at reception or at one of the pharmacies over the page, by fax (01372 470 258) or via our website: www.capelfieldsurgery.co.uk

Please include full details of the medication, your full name, address and date of birth.

We require 48 hours notice.

PLEASE do not use the telephone for repeat prescription requests.

All requests should be made in writing.

We will return your completed prescription to you by post if you enclose a stamped, addressed envelope. Prescriptions can also be sent directly to some local pharmacies (see over page) for you to collect.

CAPELFIELD SURGERY
REPEAT PRESCRIPTIONS

You can obtain these by leaving a written note at reception or at one of the pharmacies over the page, by fax (01372 470 258) or via our website: www.capelfieldsurgery.co.uk

Please include full details of the medication, your full name, address and date of birth.

We require 48 hours notice.

PLEASE do not use the telephone for repeat prescription requests.

All requests should be made in writing.

We will return your completed prescription to you by post if you enclose a stamped, addressed envelope. Prescriptions can also be sent directly to some local pharmacies (see over page) for you to collect.

CAPELFIELD SURGERY
REPEAT PRESCRIPTIONS

You can obtain these by leaving a written note at reception or at one of the pharmacies over the page, by fax (01372 470 258) or via our website: www.capelfieldsurgery.co.uk

Please include full details of the medication, your full name, address and date of birth.

We require 48 hours notice.

PLEASE do not use the telephone for repeat prescription requests.

All requests should be made in writing.

We will return your completed prescription to you by post if you enclose a stamped, addressed envelope. Prescriptions can also be sent directly to some local pharmacies (see over page) for you to collect.