The Stanmore Medical Centre & Stanmore Park Medical Centre

**REPEAT PRESCRIPTION REQUEST**

Please complete all sections below. Requests can be posted or hand delivered to either site or you can email the completed request to:

nhsnwl.e84057@nhs.net

|  |  |
| --- | --- |
| **Date of Request** |       |
| **Patient Name** |       |
| **Patient Address** |       |
| **Patient DOB** |       |
| **Name of Repeat Medication Required** |       |
| **Name of Nominated Pharmacy**  |       |

**PLEASE ALLOW 3-5 WORKING DAYS FOR COMPLETION OF YOUR REQUEST**