

UNIVERSITY HEALTH SERVICE

Repeat Prescription Request

This form must be completed in FULL in BLOCK CAPITALS

Please note, this form can only be used to re-order prescriptions for items that have been authorised for repeat prescribing. If you have exceeded the number of repeats available, passed the last authorisation date or otherwise need review, you will be asked to attend for a routine appointment.

Patient details	
Surname/family name	
Forename	
Date of birth	
Address	
Mobile telephone	
Home telephone	
Email	
Prescription details	
Item 1	
Item 2	
Item 3	
Item 4	
Item 5	

Please return to:
University Health Service
Building 48, Highfield Campus, University of Southampton
Southampton SO17 1BJ

Faxback to:
(023) 8067 8170