REPEAT MEDICATION REQUEST

UNIVERSITY HEALTH SERVICE

TO AVOID MEDICATION ERRORS, PLEASE COMPLETE THIS FORM 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 *your item is not on repeat, 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.

YOUR DETAILS	
FULL NAME	
DATE OF BIRTH	
ADDRESS	
TELEPHONE	
EMAIL	

YOUR ORDER - Please list the items you wish to order:	
#1	
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	

DESTINATION - What do you want to happen to your prescription (✔)	
☐	Send electronically (via EPS) to:
☐	I will collect from reception
☐	I have left a stamped address envelope already, please post to me using that envelope
☐	I have purchased postage online from your website Please enter your PayPal reference:

COMMENTS

CONFIRMATION

- I wish to order the above drugs.
- I understand it takes two working days to process my order
- I understand that if there are any problems, then the drugs will not be issued & I will be invited to see a doctor.

Signed: Date:

Please post to: **UNIVERSITY HEALTH SERVICE, UNIVERSITY OF SOUTHAMPTON, HIGHFIELD, SOUTHAMPTON SO17 1BJ**
Please fax to: **(023) 8067 8170**