

REPEAT PRESCRIPTIONS REQUEST FORM



Treaty Medical Centre operates a policy of accepting repeat prescription requests in written form only. Our admin staff members are no longer permitted to accept verbal requests for medication at any time.

This policy is in place to;

- Ensure maximum patient safety.
- Ensure that patients are aware of the medications they are requesting.
- Reduce the risk of prescribing of unnecessary medications.
- Ensure accurate records of patient medication requests are retained.
- Minimise human error.

We aim to have all prescription requests reviewed within 2 working days. Please do not attend the surgery to collect your prescription prior to this period.

Name	Date of Birth	Mobile Number	Medical Card Number	Medical Card Exp

Pharmacy Name & Address

Item	Medication Name	Dose	Quantity	Frequency	Duration (Max 6 months)
e.g.	<i>Paracetamol</i>	<i>500</i>	<i>2 tabs</i>	<i>3 times daily</i>	<i>2 months</i>
1					
2					
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Prescription Request Forms can be delivered to Treaty Medical Centre by the following means:

- 1) **Hand delivery-** during opening hours – please place in Request Box at Reception.
- 2) **Hand delivery-** during closed hours – please post through the letterbox at the front door.
- 3) **Post** – please post to Treaty Medical Centre, Oakdale House, Ennis Road, Limerick, V94NX4T.
- 4) **Fax** – please fax to 061-323585.
- 5) **On Line-** Please fill in website on-line form (www.treatymedical.com) or please download the Prescription Request form and use option 1-4 above.

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