



## **Electronic Prescription Request Form**

Name: \_\_\_\_\_(first) \_\_\_\_\_ (surname)

Date of birth: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Contact Number \_\_\_\_\_

Medical Card Number / GP Visit Card Number (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nominated pharmacy name and address: \_\_\_\_\_

\_\_\_\_\_

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### ***Items required***

***\*Repeat of all long term routine medication ( ) ✓***

Medication	Dose	Quantity
(eg) Paracetamol	500mg	56
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

\*(Option here to add extra drugs if necessary)

***\*Two working days notice must be given for prescriptions. Your prescription will be delivered electronically to your nominated pharmacy\****