



THE EDINBURGH PRACTICE

**ALL INFORMATION BELOW MUST BE COMPLETED, OTHERWISE THE PRESCRIPTION
REQUEST WILL NOT BE ACCEPTED**

**Please note: We advise that you submit your request for a repeat prescription at least 14 days
in advance.**

Prescriptions for controlled drugs (PPCDs) are charged at £25 and
must be collected from The Edinburgh Practice in person **or** delivered via registered post for a
small fee.

YOUR INFORMATION:

Title:				
Client Name:	First:		Last:	
Date of Birth:				
Address:				
City:		Postcode:		
Email:		Tel:		

PHARMACY:

Pharmacy Name:		Postcode:	
Address:		City:	
Tel:		Fax/Email:	

ITEMS REQUESTED:

Medication	Dosage	Amount

DATE REQUIRED BY:

Please provide a rough estimate of the date you require your prescription by, if possible.

ADDITIONAL INFORMATION: