Deansgrange Medical Centre REPEAT PRESCRIPTION ORDER FORM

You can also use this form to renew your prescription. We require **one week** notice to prepare your prescription. You can return the form to us by the following methods:

- Email it to us at: info@deansgrangemedical.ie
- Drop this form into our post box at the upstairs entrance to the surgery.
- *Post* it to: Deansgrange Medical Centre, 2, Clonkeen Road, Blackrock, Co. Dublin. **Thank you for your co-operation.**

DATE NEXT PRESCRIPTION DUE	

DRUG NAME	DOSE	QUANTITY REQUIRED PER DAY/MONTH	DURATION 1, 3 or 6 MONTHS	MEDICATION DISCONTINUED