

Non-Repeat Prescription Request Form

Name:	
Address:	
Date of birth:	
Telephone number:	
Would you be happy to receive SMS messages?	Yes No
Medication requested:	
For what problem:	
Date ordering:	

Either take this form into the surgery reception or email it to tyrfelinsurgery@wales.nhs.uk
 Your request will be reviewed by a doctor and authorised if they feel appropriate

**** Please allow 48 hours before collecting ****