

PERSONAL DETAILS

Patient's name _____

Address _____

Phone number _____

Date of birth _____ / _____ / _____

PRESCRIPTION DETAILS

Drug _____

Dose (if known) _____

Drug _____

Dose (if known) _____

Drug _____

Dose (if known) _____

Drug _____

- You will not be phoned when your prescription is ready.
- Prescriptions can take up to 36 **working** hours to process.

COSTS

Script \$27.50 Please state which pharmacy _____

Under 14yrs old scripts **No charge**

DID YOU KNOW

You can order scripts online via **Script Line** or **Manage my Health**, see the reception staff to register.