

Tel: 024 7652 4888 Internal Extension 24888 Fax 024 7652 4548

Email (Medical Services Admin only) uni.admin@gp-m86029.wmids.nhs.uk

ONLINE REPEAT PRESCRIPTION REQUEST

The data used in this form will only be used by your GP practice in connection with your treatment.

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Surname(Family name)

First name(s)

Date of Birth (dd/mm/yyyy)

Day:

Month:

Year:

Your current University address

E-mail address

Confirm your e-mail address

Telephone no.

Residential

Mobile

Which GP practice are you registered with?

PINK PRACTICE - Drs Ballantine, Butler,Cowan, Jones, Thornton, Shields OR

BLUE PRACTICE - Drs Parker, Ritchie, Durr, Whidbourne, Majevadia, Green

Please provide the following ordering information

Item	Quantity	Description (from your repeat prescription slip)
1		
2		
3		
4		
5		

Add any further information here:-

Signed	
Date	

Thank you for completing the form. You should allow 48 hours from the time we receive the request before collecting. Our open times are Mon-Fri 9.00am - 6.00pm

Please send the completed form to us at

The Health Centre, University of Warwick, Coventry CV4 7AL