

Repeat Prescription Registration Form



Print the repeat prescription form, complete all areas in CAPITAL LETTERS and tick the appropriate boxes. Sign and date, and then either send it back via the post or by email to info@healthpluspharmacy.co.uk, or pop it into your local health plus pharmacy.

FIELDS MARKED WITH AN ASTERIX (*) ARE MANDATORY.

YOUR PERSONAL DETAILS

FIRST NAME*	_____	TELEPHONE NO*	_____
LAST NAME*	_____	MOBILE NO	_____
DATE OF BIRTH*	<div><input type="text" value="D"/></div> <div><input type="text" value="D"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div>	EMAIL ADDRESS*	_____

YOUR ADDRESS

ADDRESS*	_____	TOWN/CITY*	_____
	_____	POSTCODE*	_____

YOUR DOCTORS SURGERY DETAILS

SELECT SURGERY*

<p>BUTETOWN</p> <p><input type="checkbox"/> Butetown Medical Practice <input type="checkbox"/> Cardiff Bay Surgery <input type="checkbox"/> Corporation Road Surgery</p> <p>DINAS POWYS</p> <p><input type="checkbox"/> Dinas Powys Medical Centre <input type="checkbox"/> Penarth Health Partnership <input type="checkbox"/> Redlands Road Penarth <input type="checkbox"/> Sully Surgery</p> <p>GRANGETOWN</p> <p><input type="checkbox"/> Cardiff Bay Surgery <input type="checkbox"/> Clare Road Medical <input type="checkbox"/> Corporation Road Surgery <input type="checkbox"/> Fairwater Health Centre <input type="checkbox"/> Grangetown Health Centre <input type="checkbox"/> Grange Medical <input type="checkbox"/> Riverside Health Centre <input type="checkbox"/> St Davids Court <input type="checkbox"/> Taff Surgery</p>	<p>LLANDAFF</p> <p><input type="checkbox"/> Bishops Road Medical Centre <input type="checkbox"/> Fairwater Surgery <input type="checkbox"/> Llandaff North Medical Centre <input type="checkbox"/> North Road Medical Centre <input type="checkbox"/> Roath House Surgery <input type="checkbox"/> Whitchurch Medical Centre <input type="checkbox"/> Whitchurch Road Surgery Sachville Ave</p> <p>ROATH</p> <p><input type="checkbox"/> Cardiff Health Access Practice <input type="checkbox"/> Cathays Surgery <input type="checkbox"/> Clifton Surgery <input type="checkbox"/> Four Elms Medical Centre <input type="checkbox"/> Llanedeyrn Health Centre <input type="checkbox"/> Meddygfa Albany Road <input type="checkbox"/> Park Place Surgery <input type="checkbox"/> Roath House Surgery <input type="checkbox"/> The City Surgery <input type="checkbox"/> The Penylan Surgery <input type="checkbox"/> The Surgery</p>	<p>TAFFS WELL</p> <p><input type="checkbox"/> Castle View Surgery <input type="checkbox"/> Taffs Well Medical Centre</p> <p>WHITCHURCH</p> <p><input type="checkbox"/> Birchgrove Surgery <input type="checkbox"/> Bishops Road Medical Centre <input type="checkbox"/> Llandaff North Medical Centre <input type="checkbox"/> North Cardiff Medical Centre <input type="checkbox"/> North Road Medical Practice <input type="checkbox"/> Park Road Medical Centre <input type="checkbox"/> Whitchurch Medical Centre</p>	<p>BLAENAVON (PONTYPOOL)</p> <p><input type="checkbox"/> Blaenavon Medical Practice</p> <p>PONTNEWNYDD (PONTYPOOL)</p> <p><input type="checkbox"/> Abersychan Group Practice <input type="checkbox"/> Churchwood Surgery <input type="checkbox"/> New Inn Medical Centre <input type="checkbox"/> Panteg Health Centre <input type="checkbox"/> The Mount Surgery <input type="checkbox"/> Trosnant Lodge</p>
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If your surgery name isn't listed, please provide their details here:

MEDICATION REQUIRED

PLEASE ENTER YOUR MEDICATIONS EXACTLY AS THEY APPEAR ON YOUR SURGERY RE-ORDERING FORM.
THE ITEMS REQUESTED MUST BE ON YOUR REGULAR REPEAT MEDICATION LIST.

Drug Name & Strength*	Directions	Quantity
Paracetamol 500mg (example)	Two, four times a day (example)	100 (example)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

COLLECTION OR DELIVERY

WOULD YOU LIKE TO COLLECT YOUR PRESCRIPTION FROM YOUR LOCAL HEALTH PLUS PHARMACY? **OR** WOULD YOU LIKE YOUR PRESCRIPTION DELIVERED TO YOU FOR FREE BY ONE OF OUR RELIABLE OWN IN-HOUSE DELIVERY MEN?

COLLECTION

☐ I would like to collect from a pharmacy (please select below)

Preferred Health Plus Pharmacy for collection*

- | | |
|---|---|
| <input type="checkbox"/> Butetown (Bute Street) | <input type="checkbox"/> Dinas Powys (Cardiff Rd) |
| <input type="checkbox"/> Grangetown (Bishop St) | <input type="checkbox"/> Dinas Powys (Murch Rd) |
| <input type="checkbox"/> Grangetown (Clare Rd) | <input type="checkbox"/> Llandaff (Station Rd) |
| <input type="checkbox"/> Roath (180 City Rd) | <input type="checkbox"/> Taffs Well (Cardiff Rd) |
| <input type="checkbox"/> Roath (219-221 City Rd) | <input type="checkbox"/> Whitchurch (Merthyr Rd) |
| <input type="checkbox"/> Blaenavon (Pontypool) | <input type="checkbox"/> Whitchurch (Park Rd) |
| <input type="checkbox"/> Pontnewynydd (Pontypool) | |

Collection start date*

DELIVERY

☐ Please deliver to me

Important information

- The first attempt of delivering your prescription is free.
- Failed deliveries will require the patient, to arrange collection from your local Health Plus Pharmacy.
- If you would like us to re-attempt a 2nd delivery there will be a small charge of £2.

Do you have any special requirements? (e.g. key pad access)

ADVISED CONSENT

- ☐ I authorise Health Plus Pharmacy on my behalf to automatically order and manage my repeat medications every cycle (1/2/3 monthly)*
- ☐ I understand that I am required to notify Health Plus Pharmacy of any changes or medications that have been stopped or not required.*

SIGNATURE*

DATE*

D	D	M	M	Y	Y	Y	Y
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**ONCE COMPLETED SEND BACK VIA THE POST, EMAIL,
OR POP IT INTO YOUR LOCAL HEALTH PLUS PHARMACY**

Health Plus Pharmacy
Head Office
St Lukes Road,
Pontnewynydd,
Pontypool, Torfaen.
NP4 6SU.

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