

# Buntingford & Puckeridge Medical Practice

## Prescription request

Please allow 3 working days for your request to be processed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medication required: \_\_\_\_\_

**DATE :** \_\_\_\_\_

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>You WILL need to collect your prescription from a pharmacy:<br/>Please tick which one.</b> | Ridge House Pharmacy     | Shah's Chemist           | Lloyds Pharmacy          |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you would like your prescription posted back to you, please supply a stamped addressed envelope.