

Patient Name: ………………………………………………………………………………

Patient Date of Birth: …………………………………………………………………….

Patient Address: …………………………………………………………………………….

Name of Medication You Wish To Order:

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……………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………

Please provide us with an up to date telephone number so that a receptionist can contact you if there are any problems with your request

Patient telephone number: …………………………………………………………………….

Please allow 2 working days for your prescription to be processed

**WHY NOT SIGN UP TO ONLINE SERVICES TO ORDER YOUR PRESCRIPTION AND BOOK AN APPOINTMENT ANY TIME OF DAY JUST ASK AT RECEPTION WE WILL BE HAPPY TO HELP**

**Our prescription inbox is** gmicb-hmr.prescriptions.p86008@nhs.net



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