

**PLEASE NOTE THAT REPEAT PRESCRIPTIONS REQUIRE A MINIMUM OF 48 HOURS NOTICE**

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NAME

ADDRESS

DATE OF BIRTH

DOCTOR

PHARMACY

DATE

TIME

You may request up to 20 separate items, Enter each drug and strength on your prescription order sheet. Type Y/N (yes or no) in the 'Required' box if you do not require the item at this time

Please note that items will only be dispensed if they are included on your repeat prescription and a medication is not pending

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| DRUG | QUANTITY / STRENGTH | REQUIRED Y/N |
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