

Fremington Medical Centre

PRESCRIPTIONS - Part 1

Please tick **YES** or **NO** if you regularly receive medication by repeat prescription:

Yes

No

If you ticked **NO** please go straight to **Part 2**.

The practice will need to add any regular medications onto a repeat prescriptions list. This allows easy re-ordering each time you hand your repeat prescription script into one of the local chemists or the surgery, when you order through your SystmOnline account from home, or when you request medication to us in writing or via email.

The surgery has its own Clinical Pharmacist based in the practice who can prescribe, carries out regular patient medication reviews, and can deal with any medication queries you may have.

If you ticked YES at the top of Part 1 and take regular medication, please supply when registering any repeat prescription slips, listing your medication for the Pharmacist to review and add to your repeat medication list. It may be appropriate for the Pharmacist to review your medication with you, in which case one of the Reception Team will contact you to arrange this.

PRESCRIPTIONS - Part 2

PHARMACY SELECTION FORM

Name: _____

Date of Birth: _____

Please tell us what you would like us to do with your prescriptions once they have been signed:

Keep them at the surgery for me to collect

Send to the pharmacy (please tick the pharmacy of your choice):

Boots Fremington

Boots Roundswell

Boots High Street Barnstaple

Sainsbury's Roundswell

Tesco's Seven Brethren

Other (please specify pharmacy)

Prescriptions will be sent electronically to your pharmacy unless you specify otherwise