Ballyboden Medical

Unit 1, Ballyboden Shopping Centre,
Taylor's Lane, Rathfarnham, Dublin 16
Telephone: 01 494 2286
Web: www.ballybodenmedical.ie

REPEAT PRESCRIPTION FORM

This form must be used to order a repeat prescription for long term medication needed.

Patients Name:	
Patients Date of Birth:	
Patients Address:	
Date being ordered:	
Contact Phone No:	

Your prescription will be available for collection a minimum of 24 hours after we have received this form.

PLEASE USE CAPITAL LETTERS AND ENSURE YOUR WRITING IS LEGIBILE

Name of Medication	Strength	Number taken per day
Example: ASPRIN	75mg	ONCE DAILY