

Repeat Prescription Request Form

- Only available to registered patients who have a) been assessed as stable by a GP, b) have been seen within the last 12 months for this condition and c) are on regular chronic medication
- Incomplete forms will **not** be accepted
- **Scripts requested but not collected will be charged for**
- If your request is approved, your script will be ready in **48 hours**. You will **not** be contacted to inform you of this. If it is declined, you will be contacted by our nursing staff with the reason.
- **Same day scripts must be lodged at reception, will depend on clinician availability and are not guaranteed.**

Name _____ Date of Birth _____

Address _____

Telephone _____

Date of Request _____

Name of medication	Dosage	Frequency	Are you having any problems with your medication or condition?

Same day script/ routine script/Controlled Drug

Have you been seen by another Doctor anywhere else? Yes No

Medicine Allergy No Yes Details _____

You can request a script by filling in this form at reception desk or better still you can request the script from your home by using the on-line service at: www.healthpoint.co.nz When you are in this site, first click on GPs – General Practice then, in the Search for General Practitioner Box, type “Ostend Medical Centre” Under locations select “Ostend Medical Centre” from Quick links on left select “services”, locate repeat prescriptions and select “more” then select “click here” to process prescription and email us

