|  |  |
| --- | --- |
| **Name** | **Date of Birth** |
| **Address** | **EIRCODE**C:\Users\Dr. William Lynch\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\6E1X93U3\phone_PNG48935[1].png  |
| **GMS Number** if Applicable |  |
| **Pharmacy** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Drug** | **Strength** | **Form** | **Dosage** |
| e.g. | Aspirin | 75mg | Tablet | One daily |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

Email to **prescription@enniscorthymedicalcentre.com**

**Your prescription will be sent to your nominated pharmacy within 2 working days by secure Healthmail.**

**Ensure you have nominated a pharmacy of your choice where your medication can be collected.**

**Have you attended the surgery for a medication review in the past 6 months Yes** [ ]  **No** [ ]

**Declaration: I confirm that all the requested medication is for my own use** [ ]

Please complete this page if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Drug** | **Strength** | **Form** | **Dosage** |
| e.g. | Aspirin | 75mg | Tablet | One daily |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 1. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |
| 17. |  |  |  |  |
| 18. |  |  |  |  |
| 19. |  |  |  |  |
| 20. |  |  |  |  |

Please note that interval medication reviews and routine tests (e.g. blood tests/ECG/

24-Hour Blood Pressure Monitor) are required for the prescribing of all long-term medication. The frequency of these tests will depend on your medical problem.

To get the most from your medication review with your doctor please ensure that any investigations have been completed in the weeks prior to your visit. It is also useful to bring your medication with you to your visit.

Please read the data sheet that accompanies your medication.

Remember that your doctor and pharmacist are available to discuss any queries you have in relation to your medication.

**Appointments: ![C:\Users\Dr. William Lynch\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\6E1X93U3\phone_PNG48935[1].png]() 053 92 39512**