# BURNFIELD MEDICAL PRACTICE

**Application for online access for ordering Repeat Prescriptions**

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| **Surname** | **Date of birth** |
| **First name** |
| **Address****Postcode** |
| **Email address** |
| **Telephone number** | **Mobile number** |

|  |  |
| --- | --- |
| **Signature** | **Date** |

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| Please state which **pharmacy** you would like to collect your prescription from  |

# IMPORTANT: Our Prescription Protocol

* Repeat prescriptions should be ordered through the Online Patient Services system. Please complete this form to sign up!
* We DO NOT take any medication requests over the phone. All prescription requests must be submitted in writing.
* Once you have requested a repeat prescription, please allow 48hours for this to arrive at your chosen pharmacy. If you are collecting from the surgery, please allow 24hours before collecting.
* Please be aware that the practice is closed over the weekend, which may cause delays when requesting a prescription. Please keep this in mind and be prepared!