

Burlington Primary Care

Repeat Prescription Order Form

You can only use this form for repeat prescription. This means medicines that your doctors has decided you need regularly therefore you do not need to see the doctor before every issue.

It does not mean ANY medication that you have had before.

Fill in the form and hand it to reception or post it with a stamped addressed envelope.

Name

Address

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Date of birth.....

Phone no.

Medicines
requested

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