

## Prescription Renewal Form

Due to very high volume of prescriptions requested every day and the potential for incorrect scripts, we kindly request that all prescription renewals be made on this form and placed in box in porch.

1. Your Prescription can be collected **72 hours** later.
2. **Prescriptions can be ordered by post**, this can be done by posting this form well before your medication runs out and enclosing a stamped addressed envelope so we can return your prescription to you.
3. Prescription renewals can be emailed to the clinic at [info@beaumontpark.com](mailto:info@beaumontpark.com), please nominate your pharmacy if you want your prescription emailed to them.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_ Prescription for - 1 month / 3 months / 6 Months

Medication	Dose	Qty taken each dose	Number of times taken
e.g. Panadol	Panadol	1 tabs	3 x a day
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

*Dr. Roberts, Dr. Aboud, Dr. C. Casey, Dr. Elaine O'Donoghue*

Name and address of pharmacy: \_\_\_\_\_

Date of last visit: \_\_\_\_\_