

## Repeat Prescription Order Form

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Scholarstown Family Practice  
10A Templeroan Lodge, Dublin 16.

<b>Name:</b>
<b>Address:</b>
<b>GMS No. :</b>
<b>Date:</b>

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NAME AND DOSAGE	QUANTITY REQUIRED

This form may be posted or handed in to reception. All medications should be requested at the same time (if possible). Allow 24 hours for processing. **Many thanks for your co-operation**

**Scholarstown Family Practice 2014**