Colindale Medical Centre
T 020 8205 6798
colindalemedicalcentre.nhs.uk

REPEAT PRESCRIPTION REQUEST FORM

PLEASE ALLOW 2 FULL WORKING DAYS FOR COLLECTION

Name: …….. Phone: ……

Date of birth: …….. Date: ……

Name of Pharmacy: ……

Medication required: **……**

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Holiday Prescription request

Date of travel: …….. Date of return: ……

If you would like to tell us your usual pharmacy, we can arrange for your prescription to be sent automatically to them, so you don't have to come back to the surgery to collect your prescription.

You can also order your medication via online consultation, the NHS App or the NHS website.