



Good People Medical Centre,
Unit 5 , Southgate Shopping Centre,
A92V08A
P: 041 2134182
E: repeatprescriptiononly@goodpeoplemedical.ie

Repeat prescription order form

Name _____ Address _____

_____ Tel _____

Private patient/ GMS _____

Number _____ GMS/DVOC _____
Pharmacy _____

List of medication:

Name	Dosage	Quantity	Repeats
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please Note:

- Please allow 3 working days for your request to be processed.
- A Billink will be sent for Private Prescriptions, when this is paid the Prescriptions will be sent to the Pharmacy.
- The GP may request to see the patient for review, when necessary, prior to repeating medication.

I confirm I have read the above points:

Signed _____ Date _____