GP Prescription Request Communication

CLINIC NAME AND ADDRESS	PATIENT NAME & ADDRESS

NAME		DOB	

DIAGNOSIS

The following is a summary of the medicines that need to be added to the patient's repeat prescriptions.
Please can these be prescribed via FP10 and sent to Speeds Healthcare (FDP63) for onward supply.

MEDICINE NAME / STRENGTH / FORM	*DOSE & FREQUENCY*	*NO. OF DAYS TREATMENT*

NOTES

MEDICAL SIGNATURE		*QUALIFICATIONS*		*GMC NO*	
PRINT NAME		*DATE*			

cc.

SENT BY		*DATE & TIME SENT*	