



ORDER REPEAT PRESCRIPTION

Please complete and post to:
Strandhill Surgery, Shore, Road, Strandhill, Co. Sligo

Name:

Phone:

Date of Birth:

Day

Month

Year

Email:

Address:

Nominated Pharmacy:

Do you have a GMS or DVC Medical Card?

Yes

No (€20 fee applies)

Medication Required:

Name of Medication:

Dosage:

Number taken per day:

Name of Medication:	Dosage:	Number taken per day:

GDPR Consent:

I agree to the Privacy Policy (available at: <https://www.strandhillsurgery.com>)