

Cross Keys Practice

Repeat Prescription Request
Email Attachment only

All below details must be filled in correctly or the request will be returned to you.

Please fill all the boxes in and Email to crosskeys@nhs.net

Name/ID Number
Date of Birth
Contact Telephone
Address

Surgery Registered
at: (Chinnor/Princes Risb)

Items Required
E.g. Paracetamol

Strength
e.g. 500mg

Amount
e.g. 100 Tablets

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Comments

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Please state in the comments box if you would prefer to collect your prescription from: - Rowlands Chemist, Lloyds or Lloyds Vantage.