

**BRIDGE of ALLAN MEDICAL PRACTICE
PRESCRIPTION SPECIAL REQUEST FORM**

email to: FV-UHB.gp25101allanclin@nhs.net

Personal Details

Today's Date	
Name	
Date of Birth	
Tel/Contact Number	
Usual GP (please indicate)	DR JOHNSTONE DR MAIR DR CLARK DR MULLINS DR TURNER OTHER

What Medication do you require?

Name of Medication	Dose	Quantity	Reason for request / last prescribed

Collect from: Strathallan Pharmacy Lloyds Pharmacy
 Sainsburys Tescos
 Cornton Surgery Other

PLEASE NOTE YOUR REQUEST MAY TAKE LONGER THAN THE STANDARD 48 HOURS FOR REPEAT PRESCRIPTIONS.

This is to allow the doctor time to review your request in line with any current medication and/or health conditions.

GP comments:

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