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| **Acute Prescription Request From** | |
| [**ACUTE PRESCRIPTIONS**](https://www.mysurgerywebsite.co.uk/secure/prescriptions.aspx?p=s70131b) are for items which the GP has decided you can **NOT** order on a regular repeat prescription. These require longer to process because the GP needs to review your medical records to determine the appropriateness of the medication you have requested and may take **up to 5 working days** to be ready.  This may be a prescription for a short course of treatment or for a new medication until you are stabilised on it. Some medication is not suitable for prescribing on repeat prescription. The Practice may need to contact you to discuss your prescription request and this may be via text message.  All sections of this form must be completed.  **ACUTE MEDICATION MUST NOT BE REQUESTED BY THE CHEMIST OR COMMUNITY PHARMACY.** | |
| Date of Request | |
| Patient’s Name | Date of birth |
| Telephone Number (Mobile number preferred) | Email address |
| Medication requested (including name, strength and dose) | |
| Please state clearly what this medication was prescribed for and by whom (name of doctor etc) | |
| Are you requesting it for the same symptoms as detailed above? Y / N  If not, full details of the condition for which you are requesting it | |
| **Requests for ACUTE prescriptions take longer to process because the GP needs to review your medical records to determine the appropriateness of the medication you have requested. Please allow 5 working days to be ready.** | |