

Medication Synchronisation Form

To help us synchronise your medication, please complete the form below and hand it in to the practice or email completed form: nencicb-cd.a83011.prescriptionrequests@nhs.net next time you order your repeat prescription.

When you next collect your medicines you will receive different quantities of each item to bring them in line.

In the future you should be able to order all of your regular items together.

If you have any questions or queries then please speak to one of the Practice Pharmacy Team.

Your name	
Date of Birth	
NHS Number	
Address	
Today's Date	

Name of Medication	How often do you take the medication	How many tablets do you have left?	Practice use only	
			Supply duration	Supply for synchronisation prescription
<i>Example Medication 75mg</i>	<i>Once Daily</i>	<i>7</i>		
