

Repeat medication request

Please complete the below form with as much information as you can. If you don't know the answer to any part, leave the section blank. Please return the form to nencicb-cd.a83011.prescriptionrequests@nhs.net. Please note, this email address is not monitored for more general queries.

If we have all the information we need and are happy to continue the prescription, we will issue the prescription and send it to your nominated chemist. If we need more information, we will send you a message to book an appointment instead.

Your name	
Date of Birth	
Your mobile number	
Your email address	
NHS Number	
Which chemist would you like your prescriptions to be sent to?	
When will you run out of your current medication?	

Medication name	Dosage and frequency	Why do you take this medication?