

## **Medication Synchronisation Form**

To help us synchronise your medication, please complete the form below and hand it in 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 synchronisat ion prescription
Example Medication 75mg	Once Daily	7		
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