



D18 MEDICAL  
AT BELARMINE

DR CLARE MCMANUS  
MBBCH BAO MICGP

DR JAMES HAYDEN  
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Unit 40B Belarmine  
Plaza, Belarmine Ave,  
Kilgobbin, Dublin 18

## Repeat Prescription Order Form

**Please complete and return to us by email, post or drop in.**

**Please leave 48hours for prescriptions to be processed.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

**I consent and wish to avail of electronic prescribing** which means my prescription will be sent directly to nominated pharmacy. Please tick here

Medication Requested

Medication	Dose	Quantity each dose	times/day	Duration
Eg Paracetamol	500mg	2	4	3 Months

If your prescription is unchanged from the last time – Request Same as last time