

**Repeat Prescription Service**

Surname ………………………………………………………………….. Forename ………………………………………………………………….

Address …………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………. Post Code ………………………………………………………………..

Date of Birth …………………………………………………………….

**Would you like to collect your monthly repeat prescription from a Chemist near you? YES / NO**

**If Yes, clearly mark which Chemist you would like to collect your Prescription from :**

 Boots, Commercial Street

 Boots, Troon Boots, Hayle

 Boots, Truro Boots, Illogan

 Day Lewis, Trelowarren Street Tesco Extra

 Superdrug, Redruth Day Lewis, Redruth

 Leddra, Hayle Veor

 Another Chemist (please specify) ………………………………………………………………..

This will happen simply by bringing in your counterfoil slip to the Surgery or alternatively you can post it to us or use patient access (where you can book your appointments and order prescriptions on line). Please allow three working days for us to process your repeat request when it will then be ready for collection, either at the Surgery or the nominated Chemist. Please also note that the Chemist could then require at least one working day to prepare your repeat medication.

www.veorsurgery.co.uk