



# Prescription Renewal Form

Due to the very high volume of prescriptions requested every day and the potential for incorrect scripts, we kindly request that all prescription renewals be made on this form. Please request at least three days in advance.

Out of Hours Service 1850 22 44 77

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**Medical Card Number (if applicable):** \_\_\_\_\_

| Medication   | Dose  | Quantity taken each dose | Number of times taken |
|--------------|-------|--------------------------|-----------------------|
| e.g. Panadol | 500mg | 1 tabs                   | 3 x a day             |
| 1.           |       |                          |                       |
| 2.           |       |                          |                       |
| 3.           |       |                          |                       |
| 4.           |       |                          |                       |
| 5.           |       |                          |                       |
| 6.           |       |                          |                       |
| 7.           |       |                          |                       |
| 8.           |       |                          |                       |
| 9.           |       |                          |                       |
| 10.          |       |                          |                       |
| 11.          |       |                          |                       |
| 12.          |       |                          |                       |