



Request Form for Weekly (7 day) Prescriptions to be provided by GPs or Independent Prescribers

Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a longer length of supply of medication due to clinical or pharmaceutical issues. It is not to be used as a method of indirectly funding the supply of compliance aids (e.g. blister packs) to patients.

Name of patient..... Date of Birth

Name of GP.....

Address of patient

.....
.....

I would like to request weekly prescriptions for the above patient for the following reasons:

.....
.....
.....
.....
.....

I confirm that I will be issuing one week's supply of medicines at weekly intervals and that I will immediately notify the GP / prescriber should this situation change.

Signature Name of pharmacist

Tel. no. Date

Name and Address of Pharmacy

.....
.....

Please send this completed form to the patient's GP