

**Request form for Weekly (7 day) Prescriptions
from 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 full month's supply of medication. It is not to be used as a method of funding the supply of compliance aids (e.g. blister packs) to patients.

I have assessed the following patient for under the Equality Act 2010. (Please send this completed form to the patient's GP).

Name of patient.....Date of Birth Name of GP.....

Address of patient.....

Following this assessment, I have decided to provide the following compliance support

I would like to request weekly prescriptions because (please explain why this is needed)

I feel that this patient is on stable medication and is suitable for 'Repeat Dispensing' Yes / No

Consequently, this request could be facilitated by a batch prescription from the GP under 'Repeat Dispensing' (if the GP practice is participating in this scheme) as per the guidance overleaf.

I agree 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

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