

*Providing the best standard of medical care for the community of Portmarnock & beyond*

Portmarnock GP Clinic  
1 The Dunes, Portmarnock, Co. Dublin  
Tel: 01-8461335  
Fax: 01-8461805  
[www.facebook.com/portmarnockgpclinic](http://www.facebook.com/portmarnockgpclinic)  
[www.portmarnockgpclinic.ie](http://www.portmarnockgpclinic.ie)



**Repeat Prescription Order Form**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address (first line only): \_\_\_\_\_

DRUG NAME	STRENGTH	QUANTITY (per month)	DURATION
<i>e.g. Lipitor</i>	<i>20mg</i>	<i>30</i>	<i>6 months</i>

- Please allow 24 hours for your request to be completed
- Not all medication is suitable to given as a repeat so we may call you to clarify some of your request(s)
- Some medication requires monitoring (e.g. cholesterol, blood pressure or thyroid medication) so we may need to see you or do a blood test before we can complete a prescription
- This form can be printed at home from our website [www.portmarnockgpclinic.ie/resources](http://www.portmarnockgpclinic.ie/resources)
- Thank you for your cooperation!