Dr. Martin O'Flynn Dr. Laura O'Flynn Dr. Niall Breen

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

Portmarnock GP Clinic
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Repeat Prescription Order Form

Name:_____
DOB:_____
Address (first line only):_____

DRUG NAME	STRENGTH	QUANTITY (per month)	DURATION
e.g. Lipitor	*20mg*	*30*	*6 months*

- Please allow 24 hours for your request to be completed
- Not all medication is suitable to be 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
- Please alert us to any changes to your medications that we may not have been informed of
- Thank you for your cooperation!