

PLEASE EMAIL TO THE PRACTICE OR HAND TO THE FRONT DESK

WAITARA HEALTH CENTRE PRESCRIPTION REQUEST

Today's Date _____

Name: _____ DOB: _____

Address: _____ PH: _____

Please send my prescription to the following pharmacy: _____

PLEASE NOTE: There is no extra charge for sending this straight to the Pharmacy

Y / N **Have you been seen in the last 6 months by a Doctor at Waitara Health Centre (WHC) for this condition?** (If NO you must make an appointment to see the Doctor)

Y/ N **Has this medication been previously prescribed by WHC?** (If no you need to make an appointment to see the Doctor)

Medication Request

HAVE YOU REMEMBERED TO ORDER ALL OF YOUR MEDS – Inhalers, Test Strips etc

NB: All script orders will take 72 hrs to process. If an Urgent script is required (same day) there will be an extra charge of \$10 on top of the above charges. But be aware this may not always be possible.

A LACK OF PLANNING ON YOUR PART DOES NOT CONSTITUTE AN EMERGENCY ON OUR PART