

# NHS Repeat Dispensing Service Referral Form

Date:     /     /

To (GP practice):

Re.

Patient:                                    DOB:     /     /     NHS number:

Address

We have been dispensing repeat prescriptions for the above patient for some time and note that their medication regimen appears to be stable. This patient is suitable for the NHS Repeat Dispensing service so we have explained the operation of this service to them and would be keen to use it.

I would be grateful if you could consider use of the NHS Repeat Dispensing service for this patient's future prescriptions.

Please do not hesitate to contact us should you have any queries.

**Pharmacist**

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| Pharmacy stamp |
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**CONFIDENTIAL**