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Prescription Request

DATE

FILE No

PATIENT'S FULL NAME

TELEPHONE No

COLLECT / SEND TO

DOCTOR'S NAME

Name of Medicine	Strength	Dosage

NB:

- There is a waiting period of 24 hours for a repeat Script
- There will be a Script Fee
- Scripts will be collected by Howick, Village or Orient Pharmacies
- Faxes / e-mails will be charged at R30.00 per Script