Medication Synchronisation Form

To help us synchronise your medication, please complete the form below and hand it in next time you order your repeat prescription.

When you next collect your medicines, you will receive different quantities of each item to bring them in line.

**In the future you should be able to order all your regular items together.**

If you have any questions or queries, then please speak to one of the Practice Pharmacy Team.

|  |  |
| --- | --- |
| **Your name** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Address and postcode** |  |
| **Contact telephone number** |  |
| **Today’s Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **How often do you take the medication** | **How many tablets do you have left?** | **Practice use only** |
| Supply duration | Supply for synchronisation prescription |
| *Example Medication 75mg* | *Once Daily* | *7* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |