

NAME AND
ADDRESS OF
PHARMACY

PATIENT'S NAME AND ADDRESS:

.....
.....
.....
.....
.....

Date.....

Dear Doctor

I have asked the above pharmacist and he has agreed to obtain my repeat prescriptions from the surgery and dispense my medicine (for me to collect). I am very happy for him to do this until further notice. If you are agreeable, I will remind your surgery when I request prescriptions in the future.
Yours sincerely,

(Patient's signature)

