



COOPER MEDICARE

PRESCRIPTION REQUEST FORM

Please do not attend the surgery to collect your prescription. Your prescription will be delivered electronically to your nominated Pharmacy in 2-3 working days.

Name: _____ **Date of Birth:** _____

Phone: _____ **GP Name:** _____

Address: _____

Nominated Pharmacy: _____

Item	Medication Name	Dose	Quantity	Frequency
<i>e.g.</i>	<i>Paracetamol</i>	<i>500mg</i>	<i>1 Tab</i>	<i>3 times daily</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Delivery Methods Prescription Request Forms can be delivered to Cooper MediCare by:

1. Post – please post to Cooper MediCare, 17 Ashe Street, Tralee, Co. Kerry, V92 D76R enclosing prescription fee of €15.00 (3 months)/ €20.00 (6 months) if you do not hold a current valid GMS or Doctor Visit card.
2. Website – click on the link on www.coopermedicare.ie

Consent for collection by 3rd Party (Only complete if your prescription is to be collected by any person other than you personally). Requests with 3rd party consent for collection must be signed and hand delivered or posted to Cooper MediCare).

I hereby consent to the collection of my Prescription(s) by the following individual and/or a representative of the following pharmacy: _____

Signed by patient: _____ Date: _____

Our Policy

Cooper MediCare operates a policy of accepting prescription request forms by written request only. This policy is strictly adhered to and our admin staff members are not permitted to accept verbal requests for medication at any time. This policy is in place to:

- Ensure maximum patient safety.
- Ensure that patients are aware of the medications they are requesting.
- Reduce the risk of prescribing of unnecessary medications.
- Ensure accurate records of patient medication requests are retained.
- Minimise human error.