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## **The Surgery, Athenry Primary Care Centre**

Raheen, Athenry, Co.Galway H65 KH93

### Online Prescription Request Form

***To ensure we deliver a safe and efficient prescription service to our patients, our policy does not allow us to accept prescription requests verbally over the phone or at our reception.***

*Please download, complete, and send this form back to us to request your medicine(s).*

*You can email, post or bring it in person to our receptionist. (details on top of this page)*

*Our policy ensures we process your request within 24hrs of receiving the request from you.*

*All information is treated with the strictest of confidentiality.*

**Please complete using block capital letters**

**Name:** \_\_\_\_\_

**Date of Birth:**     /     /

**Medical Card Number:** \_\_\_\_\_

|         | Name of Medication | Strength | Dosage       |  |
|---------|--------------------|----------|--------------|--|
| Example | Aspirin            | 75mg     | 1 once daily |  |
| 1       |                    |          |              |  |
| 2       |                    |          |              |  |
| 3       |                    |          |              |  |
| 4       |                    |          |              |  |
| 5       |                    |          |              |  |
| 6       |                    |          |              |  |
| 7       |                    |          |              |  |
| 8       |                    |          |              |  |
| 9       |                    |          |              |  |
| 10      |                    |          |              |  |

**I would like to request the medicines listed above.**

**I will collect on/from next day after 4pm. (must be received by us before 4pm previous day)**

**Yours Sincerely,**

\_\_\_\_\_