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The Surgery, Athenry Primary Care Centre

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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) Allow a minimum of 48 hours for us check and prepare your prescription for you.

Please complete using block capital letters

Name: _____

Date of Birth: / /

Medical Card Number: _____

	Name of Medication	Strength	Dosage	Number of Months
<i>Example</i>	<i>No name drug</i>	<i>75mg</i>	<i>1 once daily</i>	<i>3</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I would like to request the medicines listed above. I will collect on/from 4pm two days after my order is received. (must be received by us before 4pm previous day)

To comply with data privacy legislation, we would ask where possible that prescriptions are collected in person. In the event of requiring someone to collect the prescription for you, please complete the consent statement below.

I consent to my prescription being collected by: _____

Your Signature: _____

Date: / /