**Cross Keys Practice**

Repeat Prescription Request

Email Attachment only

**All below details must be filled in correctly or the request will be returned to you.**

**Please fill all the boxes in and Email to crosskeys@nhs.net**

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Name/ID Number

Date of Birth

Contact Telephone

Address

Surgery Registered at:

(Chinnor**/**Princes Risborough**)**

Item Required Strength Amount

*E.g. Paracetamol e.g. 500mg e.g. 100 Tablets*

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Comments

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**Please state in the comments box if you would prefer to collect your prescription from: - Rowlands Chemist, Lloyds or Lloyds Vantage.**