## Medication Synchronisation Form



Do your medicines run out at different times?

Would you like them to be synchronised so that you only have to order and collect them once?

If so, please complete the details on the form below and return to us with your next request. We will issue a prescription for different amounts of each item so that they can all be ordered at the same time in future.

This will save you, us and your pharmacy a lot of time.

Name of Medication including Strength			For Health Centre <u>Use</u>	
	Dosage (How you take them)	Quantity you have left	<u>Days</u> Supply	<u>Qty</u> Needed
Example Aspirin 75mg	One Daily	8		

Please leave contact details below in (	case we need to contact you about this.
Name	
Address	
	Tel No.