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PRIVATE PRESCRIPTION

Prescriber Name: GMC/GDC/Pin no	Patient Name: Date of Birth:
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Customer Acct. Code:	Date:
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Patient Address:

Prescriber Address:

I confirm a face-toface consultation has been undertaken Prescriber Signature:

Product Code	Product Name	Pack Size	Quantity

Delivery Address:

Original copies of faxed prescriptions must be received by Med-fx Pharmacy within 72 hours of receipt of the faxed prescription.

Original Prescriptions received after this period will be cancelled and VAT will be charged.