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REPEAT PRESCRIPTION REQUEST

Print, complete and place your request form in the black box outside the surgery entrance having clearly marked the items required.

Prescription will be reviewed and processed within 2 working days.

You can request repeat prescription up to 7 days before you are due.

If ordering early or requesting larger quantity, please clearly state the reason.

First Name			
Last name			
Date of birth	DD	MM	YYYY
Postcode			
Mobile number			
Email			

Date	DD	MM	YYYY
Name of medication(s)			
Is there anything else you think we should know to help you with this request?			
How should we contact you?	<input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Phone call		

Holiday prescription request

Date of travel	DD	MM	YYYY
Date of return	DD	MM	YYYY

Scan the QR code to get the NHS App and request prescription

