

Medication Synchronisation Form

Name: **D.O.B:**

Address:

To achieve this we will issue a single synchronising prescription. To help us with this synchronization please complete the form below and hand it in the next time you order your repeat prescription. When you next collect your medicines you will receive different quantities of each to bring them in line. In the future you should be able to order all your regular items together – there will be a couple of exceptions, where the dose of medication varies i.e., painkillers, anticoagulants, insulin. (as required medication)
If you have any questions or queries then please speak to the Practice Medicine Manager.

Please complete the first three columns of the table, following the first example:

Name of medication	How do you take the medication	How many tablets do you have left	PRACTICE USE ONLY	
			1 month / 2 months supply	Supply for synchronisation prescription
EXAMPLE Aspirin 75 mg	One daily	7	56	49

Actioned By: **Date:**