COASTAL MEDICAL ROOMS

240 Mazengarb Road
Paraparaumu 5032
04 902 9200

REPEAT PRESCRIPTION REQUEST

DATE_____

NAME	
DATE OF BIRTH	
PHONE	

MEDICATIONS REQUIRED

ADDITIONAL INFORMATION (i.e. fax/pharmacy details)

PRESCRIPTION REQUEST	**CHARGE**
Standard (Available after 3 working days)	**$20**
Urgent	**$25**
Faxed	**$25**

OFFICE USE ONLY
Needs to see: **Doctor / Nurse BP (circle one)**
Reason: