In order to renew prescriptions and/or order nutritional products, patients are now required to have had a consultation with a doctor at Breakspear within the last 12 months.

Prescriptions or pharmacy orders will not be processed unless a consultation within the appropriate time frame is on record. If an order cannot be processed due to the time limit being exceeded, the patient will be notified as soon as possible.

Breakspear
Medical Group Ltd
Hertfordshire House
Wood Lane Hemel Hempstead
Hertfordshire HP2 4FD
Tel: +44 (0)1442 266244
Fax: +44 (0)1442 266388
Email: pharmacy@breakspearmedical.com
Website: www.breakspearmedical .com

Pharmacy order form

SEND FORM BY EMAIL

Full Name _____ Date of birth (dd/mm/yy) _____ Date _____

Address _____

Phone _____ Email _____ Account No _____

Credit Card Details If emailing this form, do not complete Credit Card Details.
If posting or faxing, please enter Credit Card Details in pen.

Card Type ☐ Visa ☐ Mastercard ☐ Debit Card *(Note: we do not accept American Express)*

Card number _____

Valid from (mm/yy) _____ Until end (mm/yy) _____

Security number _____ Issue _____
(final 3 digits from signature strip) (Switch/Maestro only)

Signature _____ Date signed _____

Postage		
UK		
Up to 100g	£ 2.50	
100-500 g	£ 3.50	
500g-1kg	£ 5.50	
Up to 2kg	£ 8.50	
Up to 10kg	£10.00	
Overseas	£	
Collection		
No Charge		

Your personal and credit/debit card details are held securely and in strict confidence by the Accounts Department.

[--------- This section is for office use only ---------]

Product/Brand	Dose	Pack Size	Qty	Code	Batch	Quantity supplied

Practitioner:

Date dispensed:

Dispensed by:

Doctor:

Breakspear Medical Group Ltd. Registered in England 2035350
Registered office: Hertfordshire House, Wood Lane, Hemel Hempstead, Hertfordshire HP2 4FD UK